

Fill in this information to identify the case:

Debtor name RHA Anadarko, Inc.United States Bankruptcy Court for the: WESTERN DISTRICT OF OKLAHOMACase number (if known) 20-13482-SAH☐ Check if this is an amended filing

Official Form 202

Declaration Under Penalty of Perjury for Non-Individual Debtors

12/15

An individual who is authorized to act on behalf of a non-individual debtor, such as a corporation or partnership, must sign and submit this form for the schedules of assets and liabilities, any other document that requires a declaration that is not included in the document, and any amendments of those documents. This form must state the individual's position or relationship to the debtor, the identity of the document, and the date. Bankruptcy Rules 1008 and 9011.

WARNING -- Bankruptcy fraud is a serious crime. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$500,000 or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

Declaration and signature

I am the president, another officer, or an authorized agent of the corporation; a member or an authorized agent of the partnership; or another individual serving as a representative of the debtor in this case.

I have examined the information in the documents checked below and I have a reasonable belief that the information is true and correct:

- ☒ *Schedule A/B: Assets—Real and Personal Property* (Official Form 206A/B)
- ☒ *Schedule D: Creditors Who Have Claims Secured by Property* (Official Form 206D)
- ☒ *Schedule E/F: Creditors Who Have Unsecured Claims* (Official Form 206E/F)
- ☒ *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 206G)
- ☒ *Schedule H: Codebtors* (Official Form 206H)
- ☒ *Summary of Assets and Liabilities for Non-Individuals* (Official Form 206Sum)
- ☐ Amended Schedule _____
- ☐ Chapter 11 or Chapter 9 Cases: List of Creditors Who Have the 20 Largest Unsecured Claims and Are Not Insiders (Official Form 204)
- ☐ Other document that requires a declaration _____

I declare under penalty of perjury that the foregoing is true and correct.

Executed on November 23, 2020

X 
Signature of individual signing on behalf of debtor

Charles M. Eldridge
Printed name

President
Position or relationship to debtor

Fill in this information to identify the case:

Debtor name RHA Anadarko, Inc.

United States Bankruptcy Court for the: Western District of Oklahoma
(State)

Case number (If known): 20-13482-SH

☐ Check if this is an amended filing

Official Form 206Sum**Summary of Assets and Liabilities for Non-Individuals****12/15****Part 1: Summary of Assets****1. Schedule A/B: Assets—Real and Personal Property** (Official Form 206A/B)**1a. Real property:**Copy line 88 from *Schedule A/B*.....\$ 0**1b. Total personal property:**Copy line 91A from *Schedule A/B*.....\$ 18,621,725**1c. Total of all property:**Copy line 92 from *Schedule A/B*.....\$ 18,621,725**Part 2: Summary of Liabilities**

We were not provided with the information to complete this section. Our request #3 from our letter dated November 9, 2020

2. Schedule D: Creditors Who Have Claims Secured by Property (Official Form 206D)Copy the total dollar amount listed in Column A, *Amount of claim*, from line 3 of *Schedule D*.....\$ TBD**3. Schedule E/F: Creditors Who Have Unsecured Claims** (Official Form 206E/F)**3a. Total claim amounts of priority unsecured claims:**Copy the total claims from Part 1 from line 5a of *Schedule E/F*.....\$ TBD**3b. Total amount of claims of nonpriority amount of unsecured claims:**Copy the total of the amount of claims from Part 2 from line 5b of *Schedule E/F*.....+ \$ TBD**4. Total liabilities**.....

Lines 2 + 3a + 3b

\$ TBD

Fill in this information to identify the case:Debtor name RHA Anadarko, Inc.United States Bankruptcy Court for the: Western District of Oklahoma
(State)Case number (if known): 20-13482-SH☐ Check if this is an amended filing**Official Form 206A/B****Schedule A/B: Assets — Real and Personal Property**

12/15

Disclose all property, real and personal, which the debtor owns or in which the debtor has any other legal, equitable, or future interest. Include all property in which the debtor holds rights and powers exercisable for the debtor's own benefit. Also include assets and properties which have no book value, such as fully depreciated assets or assets that were not capitalized. In Schedule A/B, list any executory contracts or unexpired leases. Also list them on *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 206G).

Be as complete and accurate as possible. If more space is needed, attach a separate sheet to this form. At the top of any pages added, write the debtor's name and case number (if known). Also identify the form and line number to which the additional information applies. If an additional sheet is attached, include the amounts from the attachment in the total for the pertinent part.

For Part 1 through Part 11, list each asset under the appropriate category or attach separate supporting schedules, such as a fixed asset schedule or depreciation schedule, that gives the details for each asset in a particular category. List each asset only once. In valuing the debtor's interest, do not deduct the value of secured claims. See the instructions to understand the terms used in this form.

Part 1: Cash and cash equivalents**1. Does the debtor have any cash or cash equivalents?**

- ☐ No. Go to Part 2.
☒ Yes. Fill in the information below.

All cash or cash equivalents owned or controlled by the debtor**Current value of debtor's interest****2. Cash on hand**

\$ _____

3. Checking, savings, money market, or financial brokerage accounts (Identify all)

Name of institution (bank or brokerage firm)	Type of account	Last 4 digits of account number	Current value of debtor's interest
3.1. <u>Valiance Bank</u>	<u>Checking</u>	<u>7823</u>	\$ <u>1,767,758</u>
3.2. <u>Valiance Bank</u>	<u>Checking</u>	<u>4756</u>	\$ <u>0</u>

4. Other cash equivalents (Identify all)

4.1. <u>Valiance Bank</u>	<u>Checking</u>	<u>x3707</u>	\$ <u>802</u>
4.2. <u>Valiance Bank</u>	<u>Checking</u>	<u>x7450</u>	\$ <u>92,220</u>

5. Total of Part 1

Add lines 2 through 4 (including amounts on any additional sheets). Copy the total to line 80.

\$ 1,860,780**Part 2: Deposits and prepayments****6. Does the debtor have any deposits or prepayments? UNKNOWN AT THIS TIME**

- ☐ No. Go to Part 3.
☐ Yes. Fill in the information below.

Current value of debtor's interest**7. Deposits, including security deposits and utility deposits**

Description, including name of holder of deposit

7.1. _____	\$ _____
7.2. _____	\$ _____

Debtor RHA Anadarko, Inc.
NameCase number (if known) 20-13482-SH**8. Prepayments, including prepayments on executory contracts, leases, insurance, taxes, and rent** UNKNOWN AT THIS TIME

Description, including name of holder of prepayment

8.1. _____ \$ _____

8.2. _____ \$ _____

9. Total of Part 2.

Add lines 7 through 8. Copy the total to line 81.

\$ _____

Part 3: Accounts receivable**10. Does the debtor have any accounts receivable?**

- ☐ No. Go to Part 4.
☒ Yes. Fill in the information below.

Current value of debtor's interest**11. Accounts receivable**

11a. 90 days old or less:	<u>\$5,627,979</u>	-	<u>TBD</u>	= →	<u>\$ 5,627,979</u>
	face amount		doubtful or uncollectible accounts			

11b. Over 90 days old:	<u>\$2,618,467</u>	-	<u>TBD</u>	= →	<u>\$ 2,618,467</u>
	face amount		doubtful or uncollectible accounts			

12. Total of Part 3

Current value on lines 11a + 11b = line 12. Copy the total to line 82.

\$ 8,246,446**Part 4: Investments****13. Does the debtor own any investments?** UNKNOWN AT THIS TIME

- ☐ No. Go to Part 5.
☐ Yes. Fill in the information below.

Valuation method used for current value**Current value of debtor's interest****14. Mutual funds or publicly traded stocks not included in Part 1**

Name of fund or stock:

14.1. _____ \$ _____

14.2. _____ \$ _____

15. Non-publicly traded stock and interests in incorporated and unincorporated businesses, including any interest in an LLC, partnership, or joint venture

Name of entity:

% of ownership:

15.1. _____ % _____ \$ _____

15.2. _____ % _____ \$ _____

16. Government bonds, corporate bonds, and other negotiable and non-negotiable instruments not included in Part 1

Describe:

16.1. _____ \$ _____

16.2. _____ \$ _____

17. Total of Part 4

Add lines 14 through 16. Copy the total to line 83.

\$ _____

Debtor

RHA Anadarko, Inc.
Name

Case number (if known) 20-13482-SH

Part 5: Inventory, excluding agriculture assets**18. Does the debtor own any inventory (excluding agriculture assets)?**

- ☐ No. Go to Part 6.
☒ Yes. Fill in the information below.

General description	Date of the last physical inventory	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
19. Raw materials				
_____	MM / DD / YYYY	\$ _____	_____	\$ _____
20. Work in progress				
_____	MM / DD / YYYY	\$ _____	_____	\$ _____
21. Finished goods, including goods held for resale				
_____	MM / DD / YYYY	\$ _____	_____	\$ _____
22. Other inventory or supplies				
_____	MM / DD / YYYY	\$ 406,645	Book as of 9/30/2020	\$ 406,645
23. Total of Part 5				\$ 406,645
Add lines 19 through 22. Copy the total to line 84.				

24. Is any of the property listed in Part 5 perishable? UNKNOWN AT THIS TIME

- ☐ No
☐ Yes

25. Has any of the property listed in Part 5 been purchased within 20 days before the bankruptcy was filed? UNKNOWN AT THIS TIME

- ☐ No
☐ Yes. Book value _____ Valuation method _____ Current value _____

26. Has any of the property listed in Part 5 been appraised by a professional within the last year? UNKNOWN AT THIS TIME

- ☐ No
☐ Yes

Part 6: Farming and fishing-related assets (other than titled motor vehicles and land)**27. Does the debtor own or lease any farming and fishing-related assets (other than titled motor vehicles and land)?**

- ☒ No. Go to Part 7.
☐ Yes. Fill in the information below.

General description	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
28. Crops—either planted or harvested			
_____	\$ _____	_____	\$ _____
29. Farm animals <i>Examples:</i> Livestock, poultry, farm-raised fish			
_____	\$ _____	_____	\$ _____
30. Farm machinery and equipment (Other than titled motor vehicles)			
_____	\$ _____	_____	\$ _____
31. Farm and fishing supplies, chemicals, and feed			
_____	\$ _____	_____	\$ _____
32. Other farming and fishing-related property not already listed in Part 6			
_____	\$ _____	_____	\$ _____

Debtor RHA Anadarko, Inc.
NameCase number (if known) 20-13482-SH**33. Total of Part 6.**

Add lines 28 through 32. Copy the total to line 85.

\$ _____

34. Is the debtor a member of an agricultural cooperative?

- ☐ No
- ☐ Yes. Is any of the debtor's property stored at the cooperative?
- ☐ No
- ☐ Yes

35. Has any of the property listed in Part 6 been purchased within 20 days before the bankruptcy was filed?

- ☐ No
- ☐ Yes. Book value \$_____ Valuation method _____ Current value \$_____

36. Is a depreciation schedule available for any of the property listed in Part 6?

- ☐ No
- ☐ Yes

37. Has any of the property listed in Part 6 been appraised by a professional within the last year?

- ☐ No
- ☐ Yes

Part 7: Office furniture, fixtures, and equipment; and collectibles**38. Does the debtor own or lease any office furniture, fixtures, equipment, or collectibles?**

- ☐ No. Go to Part 8.
- ☒ Yes. Fill in the information below.

General description	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
39. Office furniture			
_____	\$ _____	_____	\$ _____
40. Office fixtures			
<u>Construction in progress, leasehold improvements, assets held under lease</u>	\$ 6,149,734	<u>Book as of 9/30/2020</u>	\$ 6,149,734
41. Office equipment, including all computer equipment and communication systems equipment and software			
<u>Equipment</u>	\$ 1,958,120	<u>Book as of 9/30/2020</u>	\$ 1,958,120
42. Collectibles <i>Examples: Antiques and figurines; paintings, prints, or other artwork; books, pictures, or other art objects; china and crystal; stamp, coin, or baseball card collections; other collections, memorabilia, or collectibles</i>			
42.1 _____	\$ _____	_____	\$ _____
42.2 _____	\$ _____	_____	\$ _____
42.3 _____	\$ _____	_____	\$ _____

43. Total of Part 7.

Add lines 39 through 42. Copy the total to line 86.

\$ 8,107,854

44. Is a depreciation schedule available for any of the property listed in Part 7? UNKNOWN AT THIS TIME

- ☐ No
- ☐ Yes

45. Has any of the property listed in Part 7 been appraised by a professional within the last year? UNKNOWN AT THIS TIME

- ☐ No
- ☐ Yes

Debtor RHA Anadarko, Inc.
NameCase number (if known) 20-13482-SH**Part 8: Machinery, equipment, and vehicles****46. Does the debtor own or lease any machinery, equipment, or vehicles? UNKNOWN AT THIS TIME**

- ☐ No. Go to Part 9.
- ☐ Yes. Fill in the information below.

General description Include year, make, model, and identification numbers (i.e., VIN, HIN, or N-number)	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
47. Automobiles, vans, trucks, motorcycles, trailers, and titled farm vehicles			
47.1 _____	\$ _____	_____	\$ _____
47.2 _____	\$ _____	_____	\$ _____
47.3 _____	\$ _____	_____	\$ _____
47.4 _____	\$ _____	_____	\$ _____
48. Watercraft, trailers, motors, and related accessories Examples: Boats, trailers, motors, floating homes, personal watercraft, and fishing vessels			
48.1 _____	\$ _____	_____	\$ _____
48.2 _____	\$ _____	_____	\$ _____
49. Aircraft and accessories			
49.1 _____	\$ _____	_____	\$ _____
49.2 _____	\$ _____	_____	\$ _____
50. Other machinery, fixtures, and equipment (excluding farm machinery and equipment)			
_____	\$ _____	_____	\$ _____
51. Total of Part 8. Add lines 47 through 50. Copy the total to line 87.			\$ _____

52. Is a depreciation schedule available for any of the property listed in Part 8?

- ☐ No
- ☐ Yes

53. Has any of the property listed in Part 8 been appraised by a professional within the last year?

- ☐ No
- ☐ Yes

Debtor

RHA Anadarko, Inc.
Name

Case number (if known) 20-13482-SH

Part 9: Real property**54. Does the debtor own or lease any real property?** UNKNOWN AT THIS TIME

- ☐ No. Go to Part 10.
- ☐ Yes. Fill in the information below.

55. Any building, other improved real estate, or land which the debtor owns or in which the debtor has an interest

Description and location of property Include street address or other description such as Assessor Parcel Number (APN), and type of property (for example, acreage, factory, warehouse, apartment or office building), if available.	Nature and extent of debtor's interest in property	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
55.1 _____		\$ _____	_____	\$ _____
55.2 _____		\$ _____	_____	\$ _____
55.3 _____		\$ _____	_____	\$ _____
55.4 _____		\$ _____	_____	\$ _____
55.5 _____		\$ _____	_____	\$ _____
55.6 _____		\$ _____	_____	\$ _____

56. Total of Part 9.

Add the current value on lines 55.1 through 55.6 and entries from any additional sheets. Copy the total to line 88.

\$ _____

57. Is a depreciation schedule available for any of the property listed in Part 9? UNKNOWN AT THIS TIME

- ☐ No
- ☐ Yes

58. Has any of the property listed in Part 9 been appraised by a professional within the last year? UNKNOWN AT THIS TIME

- ☐ No
- ☐ Yes

Part 10: Intangibles and intellectual property**59. Does the debtor have any interests in intangibles or intellectual property?** UNKNOWN AT THIS TIME

- ☐ No. Go to Part 11.
- ☐ Yes. Fill in the information below.

General description	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
60. Patents, copyrights, trademarks, and trade secrets _____	\$ _____	_____	\$ _____
61. Internet domain names and websites _____	\$ _____	_____	\$ _____
62. Licenses, franchises, and royalties _____	\$ _____	_____	\$ _____
63. Customer lists, mailing lists, or other compilations _____	\$ _____	_____	\$ _____
64. Other intangibles, or intellectual property _____	\$ _____	_____	\$ _____
65. Goodwill _____	\$ _____	_____	\$ _____

66. Total of Part 10.

Add lines 60 through 65. Copy the total to line 89.

\$ _____

Debtor RHA Anadarko, Inc.
NameCase number (if known) 20-13482-SH

67. Do your lists or records include personally identifiable information of customers (as defined in 11 U.S.C. §§ 101(41A) and 107)?

☐ No
☒ Yes

68. Is there an amortization or other similar schedule available for any of the property listed in Part 10? UNKNOWN AT THIS TIME

☐ No
☐ Yes

69. Has any of the property listed in Part 10 been appraised by a professional within the last year? UNKNOWN AT THIS TIME

☐ No
☐ Yes**Part 11: All other assets**

70. Does the debtor own any other assets that have not yet been reported on this form? UNKNOWN AT THIS TIME

Include all interests in executory contracts and unexpired leases not previously reported on this form.

No. Go to Part 12.

☐ Yes. Fill in the information below.Current value of
debtor's interest

71. Notes receivable

Description (include name of obligor)

_____	_____	—	_____	=	→	\$ _____
	Total face amount		doubtful or uncollectible amount			

72. Tax refunds and unused net operating losses (NOLs)

Description (for example, federal, state, local)

_____	Tax year _____	\$ _____
_____	Tax year _____	\$ _____
_____	Tax year _____	\$ _____

73. Interests in insurance policies or annuities

_____	\$ _____
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74. Causes of action against third parties (whether or not a lawsuit has been filed)

First Physicians Business Solutions, LLC; First Physician Services, LLC; First Physicians Resources, LLC, First Physicians Realty Group, LLC and RH Acquisition

Nature of claim Breach of contract, breach of good faith and fair dealing, breach of fiduciary duty, lender liability, tortious interferenceAmount requested \$ To Be Determined

75. Other contingent and unliquidated claims or causes of action of every nature, including counterclaims of the debtor and rights to set off claims

_____	\$ _____
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Nature of claim _____

Amount requested \$ _____

76. Trusts, equitable or future interests in property

_____	\$ _____
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77. Other property of any kind not already listed Examples: Season tickets, country club membership

_____	\$ _____
_____	\$ _____

78. Total of Part 11.

Add lines 71 through 77. Copy the total to line 90.

\$ _____

79. Has any of the property listed in Part 11 been appraised by a professional within the last year?

☐ No
☐ Yes

Debtor

RHA Anadarko, Inc.
Name

Case number (if known) 20-13482-SH

Part 12: Summary

In Part 12 copy all of the totals from the earlier parts of the form.

Type of property	Current value of personal property	Current value of real property
80. Cash, cash equivalents, and financial assets. Copy line 5, Part 1.	\$ 1,860,780	
81. Deposits and prepayments. Copy line 9, Part 2.	\$	
82. Accounts receivable. Copy line 12, Part 3.	\$ 8,246,446	
83. Investments. Copy line 17, Part 4.	\$	
84. Inventory. Copy line 23, Part 5.	\$ 406,645	
85. Farming and fishing-related assets. Copy line 33, Part 6.	\$	
86. Office furniture, fixtures, and equipment; and collectibles. Copy line 43, Part 7.	\$ 8,107,854	
87. Machinery, equipment, and vehicles. Copy line 51, Part 8.	\$	
88. Real property. Copy line 56, Part 9. →		\$
89. Intangibles and intellectual property. Copy line 66, Part 10.	\$	
90. All other assets. Copy line 78, Part 11.	+	\$
91. Total. Add lines 80 through 90 for each column. 91a.	\$ 18,621,725	91b. \$
92. Total of all property on Schedule A/B. Lines 91a + 91b = 92.		\$ 18,621,725

Fill in this information to identify the case:

Debtor name RHA Anadarko, Inc.
 United States Bankruptcy Court for the: Western District of Oklahoma
 (State)
 Case number (if known): 20-13482-SH

☐ Check if this is an amended filing

Official Form 206D**Schedule D: Creditors Who Have Claims Secured by Property****12/15****Be as complete and accurate as possible.****1. Do any creditors have claims secured by debtor's property?**

- ☐ No. Check this box and submit page 1 of this form to the court with debtor's other schedules. Debtor has nothing else to report on this form.
☒ Yes. Fill in all of the information below.

Part 1: List Creditors Who Have Secured Claims**2. List in alphabetical order all creditors who have secured claims.** If a creditor has more than one secured claim, list the creditor separately for each claim.

Column A
Amount of claim
 Do not deduct the value of collateral.

Column B
Value of collateral that supports this claim

		Column A Amount of claim Do not deduct the value of collateral.	Column B Value of collateral that supports this claim
2.1	Creditor's name Rural Hospital Acquisition, LLC <hr/> Creditor's mailing address CHRISTENSEN LAW GROUP PLLC 3401 NW 63RD STREET SUITE 600 OKLAHOMA CITY OK 73116 Creditor's email address, if known <hr/> Date debt was incurred April 1, 2011 Last 4 digits of account number _____ Do multiple creditors have an interest in the same property? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Specify each creditor, including this creditor, and its relative priority. <hr/>	Describe debtor's property that is subject to a lien The hospital facility at 1002 E Central Blvd, Anadarko, OK. <hr/> Describe the lien <hr/> Is the creditor an insider or related party? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes Is anyone else liable on this claim? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Fill out <i>Schedule H: Codebtors</i> (Official Form 206H). As of the petition filing date, the claim is: Check all that apply. <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	To Be Determined \$ _____ \$ _____
2.2	Creditor's name NFS Leasing, Inc. <hr/> Creditor's mailing address 900 CUMMINGS CENTER STE 226-U BEVERLY MA 01915 Creditor's email address, if known <hr/> Date debt was incurred _____ Last 4 digits of account number _____ Do multiple creditors have an interest in the same property? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Have you already specified the relative priority? <input type="checkbox"/> No. Specify each creditor, including this creditor, and its relative priority. <hr/> <input type="checkbox"/> Yes. The relative priority of creditors is specified on lines _____	Describe debtor's property that is subject to a lien Medical Equipment <hr/> Describe the lien <hr/> Is the creditor an insider or related party? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes Is anyone else liable on this claim? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Fill out <i>Schedule H: Codebtors</i> (Official Form 206H). As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	To Be Determined \$ _____ \$ _____
3. Total of the dollar amounts from Part 1, Column A, including the amounts from the Additional Page, if any.		\$ _____	

Part 1: Additional Page

Column A

Amount of claim

Do not deduct the value of collateral.

Column B

Value of collateral that supports this claim

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page.

2. Creditor's name Alliance Funding <hr/> Creditor's mailing address 3745 West Chapman Avenue, Suite 200 Orange, CA 92868 <hr/> Creditor's email address, if known <hr/> Date debt was incurred _____ Last 4 digits of account number _____ Do multiple creditors have an interest in the same property? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Have you already specified the relative priority? <input type="checkbox"/> No. Specify each creditor, including this creditor, and its relative priority. _____ _____ _____ <input type="checkbox"/> Yes. The relative priority of creditors is specified on lines _____	Describe debtor's property that is subject to a lien Medical Equipment _____ \$ _____ _____ \$ _____ Describe the lien _____ Is the creditor an insider or related party? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes Is anyone else liable on this claim? <input type="checkbox"/> No <input type="checkbox"/> Yes. Fill out <i>Schedule H: Codebtors</i> (Official Form 206H). As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed
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2. Creditor's name Sysmex America Inc. <hr/> Creditor's mailing address 577 Aptakistic Road Lincolnshire, IL 60069 <hr/> Creditor's email address, if known <hr/> Date debt was incurred _____ Last 4 digits of account number _____ Do multiple creditors have an interest in the same property? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Have you already specified the relative priority? <input type="checkbox"/> No. Specify each creditor, including this creditor, and its relative priority. _____ _____ _____ <input type="checkbox"/> Yes. The relative priority of creditors is specified on lines _____	Describe debtor's property that is subject to a lien Medical Equipment _____ \$ _____ _____ \$ _____ Describe the lien _____ Is the creditor an insider or related party? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes Is anyone else liable on this claim? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Fill out <i>Schedule H: Codebtors</i> (Official Form 206H). As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed
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Debtor

Name

Case number (if known)

Part 1: Additional Page

Column A

Amount of claim

Do not deduct the value of collateral.

Column B

Value of collateral that supports this claim

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page.

2. Creditor's name Pitney Bowes <hr/> Creditor's mailing address <hr/> <hr/> <hr/> Creditor's email address, if known <hr/> Date debt was incurred _____ Last 4 digits of account number _____	Describe debtor's property that is subject to a lien Office Equipment <hr/> <div style="text-align: right;">To Be Determined</div> <div style="display: flex; justify-content: space-between;"> \$ _____ \$ _____ </div> <hr/> Describe the lien <hr/> Is the creditor an insider or related party? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes Is anyone else liable on this claim? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Fill out <i>Schedule H: Codebtors</i> (Official Form 206H). As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed
Do multiple creditors have an interest in the same property? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Have you already specified the relative priority? <input type="checkbox"/> No. Specify each creditor, including this creditor, and its relative priority. <hr/> <hr/> <hr/> <input type="checkbox"/> Yes. The relative priority of creditors is specified on lines ____	

2. Creditor's name Hospital Equipment Rental Company <hr/> Creditor's mailing address 21900 E 96th Street Broken Arrow OK 74014 <hr/> Creditor's email address, if known <hr/> Date debt was incurred _____ Last 4 digits of account number _____	Describe debtor's property that is subject to a lien Medical Equipment <hr/> <div style="text-align: right;">To Be Determined</div> <div style="display: flex; justify-content: space-between;"> \$ _____ \$ _____ </div> <hr/> Describe the lien <hr/> Is the creditor an insider or related party? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes Is anyone else liable on this claim? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Fill out <i>Schedule H: Codebtors</i> (Official Form 206H). As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed
Do multiple creditors have an interest in the same property? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Have you already specified the relative priority? <input type="checkbox"/> No. Specify each creditor, including this creditor, and its relative priority. <hr/> <hr/> <hr/> <input type="checkbox"/> Yes. The relative priority of creditors is specified on lines ____	

Debtor

Name _____

Case number (if known) _____

Part 1: Additional Page

Column A

Amount of claim

Do not deduct the value of collateral.

Column B

Value of collateral that supports this claim**Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page.**

2. _ Creditor's name Creditor's mailing address Creditor's email address, if known Date debt was incurred _____ Last 4 digits of account number _____ Do multiple creditors have an interest in the same property? <input type="checkbox"/> No <input type="checkbox"/> Yes. Have you already specified the relative priority? <input type="checkbox"/> No. Specify each creditor, including this creditor, and its relative priority. <input type="checkbox"/> Yes. The relative priority of creditors is specified on lines _____	Describe debtor's property that is subject to a lien <div style="text-align: right;">To Be Determined</div> Describe the lien Is the creditor an insider or related party? <input type="checkbox"/> No <input type="checkbox"/> Yes Is anyone else liable on this claim? <input type="checkbox"/> No <input type="checkbox"/> Yes. Fill out <i>Schedule H: Codebtors</i> (Official Form 206H). As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed
---	---

2. _ Creditor's name Creditor's mailing address Creditor's email address, if known Date debt was incurred _____ Last 4 digits of account number _____ Do multiple creditors have an interest in the same property? <input type="checkbox"/> No <input type="checkbox"/> Yes. Have you already specified the relative priority? <input type="checkbox"/> No. Specify each creditor, including this creditor, and its relative priority. <input type="checkbox"/> Yes. The relative priority of creditors is specified on lines _____	Describe debtor's property that is subject to a lien <div style="text-align: right;">To Be Determined</div> Describe the lien Is the creditor an insider or related party? <input type="checkbox"/> No <input type="checkbox"/> Yes Is anyone else liable on this claim? <input type="checkbox"/> No <input type="checkbox"/> Yes. Fill out <i>Schedule H: Codebtors</i> (Official Form 206H). As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed
---	---

If no others need to be notified for the debts listed in Part 1, do not fill out or submit this page. If additional pages are needed, copy this page.

page ____ of ____

Fill in this information to identify the case:

Debtor RHA Anadarko, Inc.

United States Bankruptcy Court for the: Western District of Oklahoma
(State)

Case number 20-13482-SH

(If known)

☐ Check if this is an amended filing

Official Form 206E/F**Schedule E/F: Creditors Who Have Unsecured Claims****12/15**

Be as complete and accurate as possible. Use Part 1 for creditors with **PRIORITY** unsecured claims and Part 2 for creditors with **NONPRIORITY** unsecured claims. List the other party to any executory contracts or unexpired leases that could result in a claim. Also list executory contracts on *Schedule A/B: Assets - Real and Personal Property* (Official Form 206A/B) and on *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 206G). Number the entries in Parts 1 and 2 in the boxes on the left. If more space is needed for Part 1 or Part 2, fill out and attach the Additional Page of that Part included in this form.

Part 1: List All Creditors with **PRIORITY** Unsecured Claims**1. Do any creditors have priority unsecured claims?** (See 11 U.S.C. § 507).

- ☐ No. Go to Part 2.
- ☐ Yes. Go to line 2.

2. List in alphabetical order all creditors who have unsecured claims that are entitled to priority in whole or in part. If the debtor has more than 3 creditors with priority unsecured claims, fill out and attach the Additional Page of Part 1.**2.1** Priority creditor's name and mailing address

As of the petition filing date, the claim is: \$ _____

Total claim**Priority amount**

\$ _____

Check all that apply.

- ☐ Contingent
- ☐ Unliquidated
- ☐ Disputed

Date or dates debt was incurred

Basis for the claim:

Last 4 digits of account number _____

Is the claim subject to offset?

- ☐ No
- ☐ Yes

Specify Code subsection of **PRIORITY** unsecured claim: 11 U.S.C. § 507(a) (____)**2.2** Priority creditor's name and mailing address

As of the petition filing date, the claim is: \$ _____

Check all that apply.

- ☐ Contingent
- ☐ Unliquidated
- ☐ Disputed

Date or dates debt was incurred

Basis for the claim:

Last 4 digits of account number _____

Is the claim subject to offset?

- ☐ No
- ☐ Yes

Specify Code subsection of **PRIORITY** unsecured claim: 11 U.S.C. § 507(a) (____)**2.3** Priority creditor's name and mailing address

As of the petition filing date, the claim is: \$ _____

Check all that apply.

- ☐ Contingent
- ☐ Unliquidated
- ☐ Disputed

Date or dates debt was incurred

Basis for the claim:

Last 4 digits of account number _____

Is the claim subject to offset?

- ☐ No
- ☐ Yes

Specify Code subsection of **PRIORITY** unsecured claim: 11 U.S.C. § 507(a) (____)

Debtor

Name

Case number (if known)

20-13482-SH

Part 1. Additional Page

Copy this page if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional PRIORITY creditors exist, do not fill out or submit this page.

Total claim

Priority amount

2. Priority creditor's name and mailing address

\$ _____ \$ _____

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

Basis for the claim:

Last 4 digits of account
number _____

Is the claim subject to offset?

- ☐ No
☐ Yes

Specify Code subsection of PRIORITY unsecured
claim: 11 U.S.C. § 507(a) (____)

2. Priority creditor's name and mailing address

\$ _____ \$ _____

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

Basis for the claim:

Last 4 digits of account
number _____

Is the claim subject to offset?

- ☐ No
☐ Yes

Specify Code subsection of PRIORITY unsecured
claim: 11 U.S.C. § 507(a) (____)

2. Priority creditor's name and mailing address

\$ _____ \$ _____

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

Basis for the claim:

Last 4 digits of account
number _____

Is the claim subject to offset?

- ☐ No
☐ Yes

Specify Code subsection of PRIORITY unsecured
claim: 11 U.S.C. § 507(a) (____)

2. Priority creditor's name and mailing address

\$ _____ \$ _____

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

Basis for the claim:

Last 4 digits of account
number _____

Is the claim subject to offset?

- ☐ No
☐ Yes

Specify Code subsection of PRIORITY unsecured
claim: 11 U.S.C. § 507(a) (____)

Debtor

Name

Case number (if known) 20-13482-SH

Part 2: List All Creditors with NONPRIORITY Unsecured Claims

3. List in alphabetical order all of the creditors with nonpriority unsecured claims. If the debtor has more than 6 creditors with nonpriority unsecured claims, fill out and attach the Additional Page of Part 2.

		Amount of claim
3.1	Nonpriority creditor's name and mailing address 24/7 RADIOLOGY, LLP 5820 Oberlin Drive, Suite 205 San Diego, CA 92121 Date or dates debt was incurred See attached schedule Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes
		\$ See attached schedule
3.2	Nonpriority creditor's name and mailing address A and J LABORATORY CONSULTANTS 14799 Fishtrap Road Aubrey, TX 76227 Date or dates debt was incurred See attached schedule Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes
		\$ See attached schedule
3.3	Nonpriority creditor's name and mailing address ABBOTT DIABETES CARE SALES CORP The Corporation Company 120 N Robinson, Suite 735 Oklahoma City, OK 73102 Date or dates debt was incurred See attached schedule Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes
		\$ See attached schedule
3.4	Nonpriority creditor's name and mailing address ABBOTT POINT OF CARE 400 College Road East Princeton, NJ 08540 Date or dates debt was incurred See attached schedule Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes
		\$ See attached schedule
3.5	Nonpriority creditor's name and mailing address AESCULAP 3773 Corporate Parkway Center Valley, PA 18034 Date or dates debt was incurred See attached schedule Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes
		\$ See attached schedule
3.6	Nonpriority creditor's name and mailing address ALAN TAYLOR Date or dates debt was incurred See attached schedule Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes
		\$ See attached schedule

Part 2: Additional Page

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional NONPRIORITY creditors exist, do not fill out or submit this page.

Amount of claim

3.	Nonpriority creditor's name and mailing address Alcon Laboratories, Inc 6201 South Freeway Fort Worth, TX 76134 Date or dates debt was incurred Last 4 digits of account number	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <input type="checkbox"/> Liquidated and neither contingent nor disputed Basis for the claim: Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	See attached schedule. \$
3.	Nonpriority creditor's name and mailing address ALIGNED MEDICAL SOLUTIONS 1602 4th Ave, N. Billings, MT 59101 Date or dates debt was incurred Last 4 digits of account number	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	See attached schedule. \$
3.	Nonpriority creditor's name and mailing address ALIMED, INC. 297 High Street Dedham, MA 02026 Date or dates debt was incurred Last 4 digits of account number	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	See attached schedule. \$
3.	Nonpriority creditor's name and mailing address AMERIPATH OKLAHOMA CITY c/o Corporation Services Company 1201 Hays Street Tallahassee, FL 32301 Date or dates debt was incurred Last 4 digits of account number	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	See attached schedule. \$
3.	Nonpriority creditor's name and mailing address ANADARKO CHAMBER OF COMMERCE 501 W Virginia Ave Anadarko, OK 73005 Date or dates debt was incurred Last 4 digits of account number	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	See attached schedule. \$

Part 2: Additional Page

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional NONPRIORITY creditors exist, do not fill out or submit this page.

Amount of claim

3.____	Nonpriority creditor's name and mailing address ANADARKO FIRE/EMS 115 W Kentucky Ave Anadarko, OK 73005 Date or dates debt was incurred See attached schedule. Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <input type="checkbox"/> Liquidated and neither contingent nor disputed Basis for the claim: _____ Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	See attached schedule. \$ _____
3.____	Nonpriority creditor's name and mailing address ANADARKO FLORAL SERVICE 121 W. Broadway Street Anadarko, OK 73005 Date or dates debt was incurred See attached schedule. Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	See attached schedule. \$ _____
3.____	Nonpriority creditor's name and mailing address Anesthesia Service 1821 N. Classen Blvd Oklahoma City, OK 73106 Date or dates debt was incurred See attached schedule. Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	See attached schedule. \$ _____
3.____	Nonpriority creditor's name and mailing address ANGELICA -DALLAS Date or dates debt was incurred See attached schedule. Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	See attached schedule. \$ _____
3.____	Nonpriority creditor's name and mailing address APPLIED MEDICAL 22872 Avenida Empresa Rancho Santa Margarita, CA 92688 Date or dates debt was incurred See attached schedule. Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	See attached schedule. \$ _____

Debtor

Name

Case number (if known)

20-13482-SH

Part 2: Additional Page

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional NONPRIORITY creditors exist, do not fill out or submit this page.

Amount of claim

3. Nonpriority creditor's name and mailing address APSP - APNEA SPECIALISTS 2410 W Memorial Road Oklahoma City, OK 73134 Date or dates debt was incurred <u>See attached schedule.</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <input type="checkbox"/> Liquidated and neither contingent nor disputed Basis for the claim: _____ Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	See attached schedule. \$ _____
3. Nonpriority creditor's name and mailing address AT&T 208 S. Akard Street Dallas, TX 75202 Date or dates debt was incurred <u>See attached schedule.</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	See attached schedule. \$ _____
3. Nonpriority creditor's name and mailing address BROOKS INDUSTRIES 23291 Ventura Blvd Woodland Hills, CA 91364 Date or dates debt was incurred <u>See attached schedule.</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	See attached schedule. \$ _____
3. Nonpriority creditor's name and mailing address CARDINAL HEALTH c/o CT Corporation System 4400 East Commons Way, Suite 125 Columbus, OH 43219 Date or dates debt was incurred <u>See attached schedule.</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	See attached schedule. \$ _____
3. Nonpriority creditor's name and mailing address CHRIS PARKS, CRNA 1515 N. Porter, Suite 100 Norman, OK 73071 Date or dates debt was incurred <u>See attached schedule.</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	See attached schedule. \$ _____

Debtor

Name

Case number (if known)

20-13482-SH

Part 2: Additional Page

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional NONPRIORITY creditors exist, do not fill out or submit this page.

Amount of claim

3. Nonpriority creditor's name and mailing address CLINT PHARMACEUTICALS, INC 629 Shute Lane Old Hickory, TN 37138 Date or dates debt was incurred <u>See attached schedule.</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <input type="checkbox"/> Liquidated and neither contingent nor disputed Basis for the claim: _____ Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	See attached schedule. \$ _____
3. Nonpriority creditor's name and mailing address COMANCHE COUNTY MEMORIAL HOSP 3401 W. Gore Blvd Lawton, OK 73505 Date or dates debt was incurred <u>See attached schedule.</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	See attached schedule. \$ _____
3. Nonpriority creditor's name and mailing address COMANCHE MEMORIAL EMS 1301 SW 30th St. Lawton, OK 73505 Date or dates debt was incurred <u>See attached schedule.</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	See attached schedule. \$ _____
3. Nonpriority creditor's name and mailing address Conner & Winters, LLP 1700 One Leadership Square 211 North Robinson Oklahoma City, OK 73102 Date or dates debt was incurred <u>See attached schedule.</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	See attached schedule. \$ _____
3. Nonpriority creditor's name and mailing address COOK MEDICAL 1186 Montgomery Lane Vandergrift, PA 15690 Date or dates debt was incurred <u>See attached schedule.</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	See attached schedule. \$ _____

Part 2: Additional Page

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional NONPRIORITY creditors exist, do not fill out or submit this page.

Amount of claim

3. Nonpriority creditor's name and mailing address CORPORATE EXPRESS, INC 1834 Walton Road Saint Louis, MO 63114-5820	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <input type="checkbox"/> Liquidated and neither contingent nor disputed	See attached schedule. \$
Date or dates debt was incurred See attached schedule. Last 4 digits of account number _ _ _ _	Basis for the claim: _____ Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	
3. Nonpriority creditor's name and mailing address CULLIGAN WATER CONDITIONING 2521 S. Interstate 35 Service Road Oklahoma City, Ok 73219	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	See attached schedule. \$
Date or dates debt was incurred See attached schedule. Last 4 digits of account number _ _ _ _	Basis for the claim: _____ Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	
3. Nonpriority creditor's name and mailing address DIGITAL TRANSCRIPTIONS SYSTEMS 135 N. Cedar Branch Way, Ste 111 Mustang, OK 73064-9200	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	See attached schedule. \$
Date or dates debt was incurred See attached schedule. Last 4 digits of account number _ _ _ _	Basis for the claim: _____ Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	
3. Nonpriority creditor's name and mailing address DIVERSIFIED BIOLOGICALS, LLC 4300 SW 73rd Ave, Ste 102 Miami, FL 33155	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	See attached schedule. \$
Date or dates debt was incurred See attached schedule. Last 4 digits of account number _ _ _ _	Basis for the claim: _____ Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	
3. Nonpriority creditor's name and mailing address DON STOLZEBACH 558 Plate Dr. Unit #9 East Dundee, IL 60118	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	See attached schedule. \$
Date or dates debt was incurred See attached schedule. Last 4 digits of account number _ _ _ _	Basis for the claim: _____ Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	

Debtor

Name

Case number (if known)

20-13482-SH

Part 2: Additional Page

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional NONPRIORITY creditors exist, do not fill out or submit this page.

Amount of claim

3. Nonpriority creditor's name and mailing address DYNAMIC INFUSION THERAPY, INC 5156 Village Creek Drive, #102 Plano, TX 75093 Date or dates debt was incurred Last 4 digits of account number	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <input type="checkbox"/> Liquidated and neither contingent nor disputed Basis for the claim: _____ Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	See attached schedule. \$ _____
3. Nonpriority creditor's name and mailing address E.T.C (Elaine's Transportation Co) 3717 Vickie Drive Oklahoma City, OK 73115 Date or dates debt was incurred Last 4 digits of account number	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	See attached schedule. \$ _____
3. Nonpriority creditor's name and mailing address EAGLE LABS 10201 Trademark St. Rancho Cucamonga, CA 91730 Date or dates debt was incurred Last 4 digits of account number	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	See attached schedule. \$ _____
3. Nonpriority creditor's name and mailing address EMPIRE PAPER COMPANY INC c/o Jason Estes 2708 Central FWY E Wichita Falls, TX 76301 Date or dates debt was incurred Last 4 digits of account number	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	See attached schedule. \$ _____
3. Nonpriority creditor's name and mailing address ENCORE ENERGY SERVICES , INC 12120 Port Grace Blvd. #200 La Vista, NE 68128 Date or dates debt was incurred Last 4 digits of account number	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	See attached schedule. \$ _____

Debtor

Name

Case number (if known)

Part 2: Additional Page

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional NONPRIORITY creditors exist, do not fill out or submit this page.

Amount of claim

3.____	Nonpriority creditor's name and mailing address EPIMED 141 Sal Landrio Drive Johnstown, NY 12905 Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <input type="checkbox"/> Liquidated and neither contingent nor disputed Basis for the claim: _____ Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	See attached schedule. \$ _____
3.____	Nonpriority creditor's name and mailing address FIRST CHOICE COFFEE SERVICES 1 S 660 Midwest Road, Suite 120 Oakbrook Terrace, IL 60181 Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	See attached schedule. \$ _____
3.____	Nonpriority creditor's name and mailing address First Physicians Business Solutions c/o Christensen Law Group PLLC 3401 NW 63rd Street, Suite 600 Oklahoma City, OK 73116 Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	See attached schedule. \$ _____
3.____	Nonpriority creditor's name and mailing address FIRST PHYSICIANS REALTY GROUP c/o Christensen Law Group PLLC 3401 NW 63rd Street, Suite 600 Oklahoma City, OK 73116 Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	See attached schedule. \$ _____
3.____	Nonpriority creditor's name and mailing address First Physicians Resources c/o Christensen Law Group PLLC 3401 NW 63rd Street, Suite 600 Oklahoma City, OK 73116 Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	See attached schedule. \$ _____

Debtor

Name

Case number (if known)

20-13482-SH

Part 2: Additional Page

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional NONPRIORITY creditors exist, do not fill out or submit this page.

Amount of claim

3.____	Nonpriority creditor's name and mailing address First Physicians Services c/o Christensen Law Group PLLC 3401 NW 63rd Street, Suite 600 Oklahoma City, OK 73116	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed <input type="checkbox"/> Liquidated and neither contingent nor disputed	See attached schedule. \$ _____
	Date or dates debt was incurred <u>See attached schedule.</u> Last 4 digits of account number <u> </u>	Basis for the claim: _____ Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	
3.____	Nonpriority creditor's name and mailing address FISHER HEALTHCARE 118 Whispering Woods Road Charleston, WV 25304	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	See attached schedule. \$ _____
	Date or dates debt was incurred <u>See attached schedule.</u> Last 4 digits of account number <u> </u>	Basis for the claim: _____ Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	
3.____	Nonpriority creditor's name and mailing address Fujifilm Medical Systems Endoscopy Divis 10 High Point Drive Wayne, NJ 07470	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	See attached schedule. \$ _____
	Date or dates debt was incurred <u>See attached schedule.</u> Last 4 digits of account number <u> </u>	Basis for the claim: _____ Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	
3.____	Nonpriority creditor's name and mailing address FUJINON 6200 Phyllis Drive Cypress, CA 90630	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	See attached schedule. \$ _____
	Date or dates debt was incurred <u>See attached schedule.</u> Last 4 digits of account number <u> </u>	Basis for the claim: _____ Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	
3.____	Nonpriority creditor's name and mailing address GLAUKOS CORPORATION 229 Avenida Fabricante San Clemente, CA 92672	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	See attached schedule. \$ _____
	Date or dates debt was incurred <u>See attached schedule.</u> Last 4 digits of account number <u> </u>	Basis for the claim: _____ Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	

Debtor

RHA Anadarko, Inc.
Name

Case number (if known)

Part 2: Additional Page

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional NONPRIORITY creditors exist, do not fill out or submit this page.

Amount of claim

3.____	Nonpriority creditor's name and mailing address GLIDEWELL PLUMBING HEATING 605 E. Georgia Ave Anadarko, OK 73005 Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <input type="checkbox"/> Liquidated and neither contingent nor disputed Basis for the claim: _____ Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	See attached schedule. \$ _____
3.____	Nonpriority creditor's name and mailing address GLOBAL STAR 300 Holiday Square Blvd. Covington, LA 70433 Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	See attached schedule. \$ _____
3.____	Nonpriority creditor's name and mailing address GRADY MEMORIAL HOSPITAL 80 Jesse Hill Jr. Drive SE Atlanta, GA 30303 Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	See attached schedule. \$ _____
3.____	Nonpriority creditor's name and mailing address GRAINGER 100 Grainger Pkwy Lake Forest, IL 60045 Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	See attached schedule. \$ _____
3.____	Nonpriority creditor's name and mailing address GREMED PRODUCTS 8040 NW 14th St Doral, FL 33126-1612 Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	See attached schedule. \$ _____

Debtor

RHA Anadarko, Inc.
Name

Case number (if known)

Part 2: Additional Page

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional NONPRIORITY creditors exist, do not fill out or submit this page.

Amount of claim

3.	Nonpriority creditor's name and mailing address GULF COAST MEDICAL, INC. 13681 Doctors Way Fort Myers, FL 33912 Date or dates debt was incurred <u>See attached schedule.</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <input type="checkbox"/> Liquidated and neither contingent nor disputed Basis for the claim: _____ Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	See attached schedule. \$ _____
3.	Nonpriority creditor's name and mailing address GULF COAST PHARMACEUTICALS 995 N. Halstead Road Ocean Springs, MS 39564 Date or dates debt was incurred <u>See attached schedule.</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	See attached schedule. \$ _____
3.	Nonpriority creditor's name and mailing address HAMPSHIRE CONTROLS CORP. 1 Grove Street Dover, NH 03820 Date or dates debt was incurred <u>See attached schedule.</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	See attached schedule. \$ _____
3.	Nonpriority creditor's name and mailing address HEALTHCHOICE REFUNDS P.O. Box 99011 Lubbock, TX 79490-4314 Date or dates debt was incurred <u>See attached schedule.</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	See attached schedule. \$ _____
3.	Nonpriority creditor's name and mailing address HEALTHLAND 12755 Highway 55 St. 100 Minneapolis, MN 55441-4676 Date or dates debt was incurred <u>See attached schedule.</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	See attached schedule. \$ _____

Debtor

Name

Case number (if known)

20-13482-SH

Part 2: Additional Page

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Amount of claim

3.____	Nonpriority creditor's name and mailing address HENRY SCHEIN 135 Dduryea Road Melville, NY 11747	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <input type="checkbox"/> Liquidated and neither contingent nor disputed	See attached schedule. \$ _____
	Date or dates debt was incurred <u>See attached schedule.</u> Last 4 digits of account number <u> </u>	Basis for the claim: _____ Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	
3.____	Nonpriority creditor's name and mailing address Hill-Rom 1069 State Route 46 East Batesville, IN 47006	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	See attached schedule. \$ _____
	Date or dates debt was incurred <u>See attached schedule.</u> Last 4 digits of account number <u> </u>	Basis for the claim: _____ Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	
3.____	Nonpriority creditor's name and mailing address HORIBA 20 Knightsbridge Road Piscataway, NJ 08854	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	See attached schedule. \$ _____
	Date or dates debt was incurred <u>See attached schedule.</u> Last 4 digits of account number <u> </u>	Basis for the claim: _____ Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	
3.____	Nonpriority creditor's name and mailing address HOYA SURGICAL OPTICS, INC 15335 Fairfield Ranch Road Chino Hills, CA 91709	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	See attached schedule. \$ _____
	Date or dates debt was incurred <u>See attached schedule.</u> Last 4 digits of account number <u> </u>	Basis for the claim: _____ Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	
3.____	Nonpriority creditor's name and mailing address INGENIX 12125 Technology Drive Eden Prairie, MN 55344	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	See attached schedule. \$ _____
	Date or dates debt was incurred <u>See attached schedule.</u> Last 4 digits of account number <u> </u>	Basis for the claim: _____ Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	

Debtor

Name

Case number (if known)

Part 2: Additional Page

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional NONPRIORITY creditors exist, do not fill out or submit this page.

Amount of claim

3. Nonpriority creditor's name and mailing address Instrumentation Laboratory 526 NY-303 Orangeburg, NY 10962 Date or dates debt was incurred <u>See attached schedule.</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <input type="checkbox"/> Liquidated and neither contingent nor disputed Basis for the claim: _____ Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	See attached schedule. \$ _____
3. Nonpriority creditor's name and mailing address IPRGS, P.C. Date or dates debt was incurred <u>See attached schedule.</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	See attached schedule. \$ _____
3. Nonpriority creditor's name and mailing address J & J Health Care Systems, Inc. 425 Hoes Lane Piscataway, NJ 08854 Date or dates debt was incurred <u>See attached schedule.</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	See attached schedule. \$ _____
3. Nonpriority creditor's name and mailing address JETRAD, LLC 4005 NW Expway St. STE 410 Oklahoma City, OK 73116 Date or dates debt was incurred <u>See attached schedule.</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	See attached schedule. \$ _____
3. Nonpriority creditor's name and mailing address JOHNSTON MEMORIAL HOSPITAL 16000 Johnston Memorial Drive Abingdon, VA 24211 Date or dates debt was incurred <u>See attached schedule.</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	See attached schedule. \$ _____

Part 2: Additional Page

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Amount of claim

3.	Nonpriority creditor's name and mailing address KCL USA Corporation Services Company 1800 Greenbriar Place Oklahoma City, OK 73159 Date or dates debt was incurred Last 4 digits of account number	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <input type="checkbox"/> Liquidated and neither contingent nor disputed Basis for the claim: Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	See attached schedule. \$
3.	Nonpriority creditor's name and mailing address LAWTON COMMUNICATIONS 6210 NW Oak Ave Lawton, OK 73505 Date or dates debt was incurred Last 4 digits of account number	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	See attached schedule. \$
3.	Nonpriority creditor's name and mailing address LIPPINCOTT WILLIAMS & WILKINS 2700 Lake Cook Road Riverwoods, IL 60015 Date or dates debt was incurred Last 4 digits of account number	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	See attached schedule. \$
3.	Nonpriority creditor's name and mailing address MATHESON TRI GAS, INC 166 Keystone Drive Montgomeryville, PA 18936 Date or dates debt was incurred Last 4 digits of account number	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	See attached schedule. \$
3.	Nonpriority creditor's name and mailing address MED ASSETS 100 North Point Center East , Suite 200 Alpharetta, GA 30022 Date or dates debt was incurred Last 4 digits of account number	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	See attached schedule. \$

Debtor

Name

Case number (if known)

Part 2: Additional Page

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Amount of claim

3. Nonpriority creditor's name and mailing address MEDLINE INDUSTRIES, INC. One Medline Place Mundelein, IL 60060	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <input type="checkbox"/> Liquidated and neither contingent nor disputed Basis for the claim: _____ Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	See attached schedule. \$ _____
Date or dates debt was incurred See attached schedule. Last 4 digits of account number _____		
3. Nonpriority creditor's name and mailing address MEDTRONIC USA INC 710 Medtronic Parkway Minneapolis, MN 55432	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	See attached schedule. \$ _____
Date or dates debt was incurred See attached schedule. Last 4 digits of account number _____		
3. Nonpriority creditor's name and mailing address MMI, LLC 1724 Rudder Indus Pk Dr. Fenton, MO 63026	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	See attached schedule. \$ _____
Date or dates debt was incurred See attached schedule. Last 4 digits of account number _____		
3. Nonpriority creditor's name and mailing address MycroMed LLC 2364 Highway 287 N , STE . 109 Mansfield, TX 76063	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	See attached schedule. \$ _____
Date or dates debt was incurred See attached schedule. Last 4 digits of account number _____		
3. Nonpriority creditor's name and mailing address NOVA BIOMEDICAL 200 Prospect Street Waltham, MA 02454-9141	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	See attached schedule. \$ _____
Date or dates debt was incurred See attached schedule. Last 4 digits of account number _____		

Debtor

Name

Case number (if known)

Part 2: Additional Page

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Amount of claim

3. Nonpriority creditor's name and mailing address OFFICE DEPOT, INC. 6600 N. Military Trl. Boca Raton, FL 33496 Date or dates debt was incurred Last 4 digits of account number	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <input type="checkbox"/> Liquidated and neither contingent nor disputed Basis for the claim: _____ Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	See attached schedule. \$ _____
3. Nonpriority creditor's name and mailing address OKLAHOMA DEPT OF LABOR 3017 N. Stiles Ave #100 Oklahoma City, OK 73105 Date or dates debt was incurred Last 4 digits of account number	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	See attached schedule. \$ _____
3. Nonpriority creditor's name and mailing address OKLAHOMA NATURAL GAS COMPANY 5848 E15th St Tulsa, OK 74112-6402 Date or dates debt was incurred Last 4 digits of account number	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	See attached schedule. \$ _____
3. Nonpriority creditor's name and mailing address OKLAHOMA TAX COMMISSION 2501 N. Lincoln Blvd. Oklahoma City, OK 73194 Date or dates debt was incurred Last 4 digits of account number	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	See attached schedule. \$ _____
3. Nonpriority creditor's name and mailing address ORGANOGENESIS INC 85 Dan Road Canton, MA 02021 Date or dates debt was incurred Last 4 digits of account number	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	See attached schedule. \$ _____

Name _____

Case number (if known).

Part 2:

Amount of claim

3.____	Nonpriority creditor's name and mailing address OWENS and MINOR	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <input type="checkbox"/> Liquidated and neither contingent nor disputed	See attached schedule. \$ _____
	9120 Lockwood Blvd		
	Mechanicsville, VA 23116		
	Date or dates debt was incurred	See attached schedule.	
	Last 4 digits of account number	____ _	
3.____	Nonpriority creditor's name and mailing address PC CONNECTIONS	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	See attached schedule. \$ _____
	730 Milford Road Route 101A		
	Merrimack, NH 03054		
	Date or dates debt was incurred	See attached schedule.	
	Last 4 digits of account number	____ _	
3.____	Nonpriority creditor's name and mailing address PHA - PETTY CASH - GRANT ACCT	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	See attached schedule. \$ _____
	Date or dates debt was incurred	See attached schedule.	
	Last 4 digits of account number	____ _	
3.____	Nonpriority creditor's name and mailing address PRECISION LENS	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	See attached schedule. \$ _____
	5715 West Old Shakopee Road, Suite 150		
	Bloomington, MN 55437		
	Date or dates debt was incurred	See attached schedule.	
	Last 4 digits of account number	____ _	
3.____	Nonpriority creditor's name and mailing address Sacrix LLC	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	See attached schedule. \$ _____
	350 Main Street, 3rd Floor		
	Malden Massachusetts, 02148		
	Date or dates debt was incurred	See attached schedule.	
	Last 4 digits of account number	____ _	

Debtor

RHA Anadarko, Inc.

Name

Case number (if known)

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Amount of claim

3. Nonpriority creditor's name and mailing address SIZEWISE RENTALS 8601 Monrovia Street Lenexa, KS 66125 Date or dates debt was incurred Last 4 digits of account number	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <input type="checkbox"/> Liquidated and neither contingent nor disputed Basis for the claim: _____ Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	See attached schedule. \$ _____
3. Nonpriority creditor's name and mailing address Smith & Nephew 1450 Brooks Road Memphis, TN 38116 Date or dates debt was incurred Last 4 digits of account number	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	See attached schedule. \$ _____
3. Nonpriority creditor's name and mailing address Smith & Son Building Center 117 SE 2nd Street Anadarko, OK 73005 Date or dates debt was incurred Last 4 digits of account number	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	See attached schedule. \$ _____
3. Nonpriority creditor's name and mailing address SOMERSET CAPITAL GROUP, LTD 612 Wheelers Farm Road Milford, CT 06461 Date or dates debt was incurred Last 4 digits of account number	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	See attached schedule. \$ _____
3. Nonpriority creditor's name and mailing address SOONER COPY MACHINES, INC 650 Alameda St. Norman, OK 73071 Date or dates debt was incurred Last 4 digits of account number	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	See attached schedule. \$ _____

Debtor

RHA Anadarko, Inc.

Case number (if known)

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Amount of claim

3. Nonpriority creditor's name and mailing address STANDLEY SYSTEMS 26 E. Main Street Oklahoma City, OK 73104	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <input type="checkbox"/> Liquidated and neither contingent nor disputed	See attached schedule. \$ _____
Date or dates debt was incurred See attached schedule. Last 4 digits of account number _____	Basis for the claim: _____ Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	
3. Nonpriority creditor's name and mailing address Staples 500 Staples Dr. Framingham, MA 01702	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	See attached schedule. \$ _____
Date or dates debt was incurred See attached schedule. Last 4 digits of account number _____	Basis for the claim: _____ Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	
3. Nonpriority creditor's name and mailing address STERICYCLE, INC 2355 Waukegan Road Bannockburn, IL 60015	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	See attached schedule. \$ _____
Date or dates debt was incurred See attached schedule. Last 4 digits of account number _____	Basis for the claim: _____ Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	
3. Nonpriority creditor's name and mailing address STERILMED, INC. 11400 73rd Avenue North, Suite 100 Maple Grove, Minnesota 55369	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	See attached schedule. \$ _____
Date or dates debt was incurred See attached schedule. Last 4 digits of account number _____	Basis for the claim: _____ Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	
3. Nonpriority creditor's name and mailing address STERIS CORPORATION _____ _____ _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	See attached schedule. \$ _____
Date or dates debt was incurred See attached schedule. Last 4 digits of account number _____	Basis for the claim: _____ Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	

Part 2: Additional Page

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional NONPRIORITY creditors exist, do not fill out or submit this page.		Amount of claim
3.	<p>Nonpriority creditor's name and mailing address</p> <p>STROUD REGIONAL MEDICAL CENTER</p> <p>5960 Heisley Road</p> <p>Mentor, OH 44060</p> <p>Date or dates debt was incurred See attached schedule.</p> <p>Last 4 digits of account number _____</p>	<p>As of the petition filing date, the claim is: See attached schedule. <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <input type="checkbox"/> Liquidated and neither contingent nor disputed</p> <p>Basis for the claim: _____</p> <p>Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes</p>
3.	<p>Nonpriority creditor's name and mailing address</p> <p>STRYKER ENDOSCOPY</p> <p>5900 Optical Ct.</p> <p>San Jose, CA 95138</p> <p>Date or dates debt was incurred See attached schedule.</p> <p>Last 4 digits of account number _____</p>	<p>As of the petition filing date, the claim is: See attached schedule. <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Basis for the claim: _____</p> <p>Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes</p>
3.	<p>Nonpriority creditor's name and mailing address</p> <p>SUDDENLINK</p> <p>12444 Powerscourt Dr. Ste. 450</p> <p>St. Louis, Missouri 63131</p> <p>Date or dates debt was incurred See attached schedule.</p> <p>Last 4 digits of account number _____</p>	<p>As of the petition filing date, the claim is: See attached schedule. <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Basis for the claim: _____</p> <p>Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes</p>
3.	<p>Nonpriority creditor's name and mailing address</p> <p>SURGICAL ADVANTAGE</p> <p>PO Box 35565</p> <p>Tulsa, OK 74153</p> <p>Date or dates debt was incurred See attached schedule.</p> <p>Last 4 digits of account number _____</p>	<p>As of the petition filing date, the claim is: See attached schedule. <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Basis for the claim: _____</p> <p>Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes</p>
3.	<p>Nonpriority creditor's name and mailing address</p> <p>Sysmex America, Inc.</p> <p>577 Aptakisic Road</p> <p>Lincolnshire, Illinois 60069</p> <p>Date or dates debt was incurred See attached schedule.</p> <p>Last 4 digits of account number _____</p>	<p>As of the petition filing date, the claim is: See attached schedule. <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Basis for the claim: _____</p> <p>Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes</p>

Debtor

Name

Case number (if known)

Part 2: Additional Page

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional NONPRIORITY creditors exist, do not fill out or submit this page.

Amount of claim

3. Nonpriority creditor's name and mailing address THARA DAMODARAN, MD LLC 515 N Mesa Drive Mesa, AZ 85201 Date or dates debt was incurred <u>See attached schedule.</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <input type="checkbox"/> Liquidated and neither contingent nor disputed Basis for the claim: _____ Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	See attached schedule. \$ _____
3. Nonpriority creditor's name and mailing address THE HOME DEPOT PRO 2455 Paces Ferry Road SE Atlanta, GA 30339-1834 Date or dates debt was incurred <u>See attached schedule.</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	See attached schedule. \$ _____
3. Nonpriority creditor's name and mailing address THE T SYSTEM, INC. 9300 W. 110th Street, Suite 350 Overland Park, KS 66210 Date or dates debt was incurred <u>See attached schedule.</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	See attached schedule. \$ _____
3. Nonpriority creditor's name and mailing address TRAILBLAZER HEALTH ENTERPRISES 8330 Lyndon B Johnson FWY Dallas, TX 75243 Date or dates debt was incurred <u>See attached schedule.</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	See attached schedule. \$ _____
3. Nonpriority creditor's name and mailing address Tri-anim Health Services 5000 Tuttle Crossing Blvd, Dublin, OH 43016 Date or dates debt was incurred <u>See attached schedule.</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	See attached schedule. \$ _____

Name _____

Case number (if known).

Debtor

Name

Case number (if known)

Part 3: List Others to Be Notified About Unsecured Claims

4. List in alphabetical order any others who must be notified for claims listed in Parts 1 and 2. Examples of entities that may be listed are collection agencies, assignees of claims listed above, and attorneys for unsecured creditors.

If no others need to be notified for the debts listed in Parts 1 and 2, do not fill out or submit this page. If additional pages are needed, copy the next page.

Name and mailing address	On which line in Part 1 or Part 2 is the related creditor (if any) listed?	Last 4 digits of account number, if any
4.1. _____ _____ _____	Line _____ <input type="checkbox"/> Not listed. Explain _____	____ _
4.2. _____ _____ _____	Line _____ <input type="checkbox"/> Not listed. Explain _____	____ _
4.3. _____ _____ _____	Line _____ <input type="checkbox"/> Not listed. Explain _____	____ _
4.4. _____ _____ _____	Line _____ <input type="checkbox"/> Not listed. Explain _____	____ _
4.1. _____ _____ _____	Line _____ <input type="checkbox"/> Not listed. Explain _____	____ _
4.5. _____ _____ _____	Line _____ <input type="checkbox"/> Not listed. Explain _____	____ _
4.6. _____ _____ _____	Line _____ <input type="checkbox"/> Not listed. Explain _____	____ _
4.7. _____ _____ _____	Line _____ <input type="checkbox"/> Not listed. Explain _____	____ _
4.8. _____ _____ _____	Line _____ <input type="checkbox"/> Not listed. Explain _____	____ _
4.9. _____ _____ _____	Line _____ <input type="checkbox"/> Not listed. Explain _____	____ _
4.10. _____ _____ _____	Line _____ <input type="checkbox"/> Not listed. Explain _____	____ _
4.11. _____ _____ _____	Line _____ <input type="checkbox"/> Not listed. Explain _____	____ _

Debtor

Name

Case number (if known)

Part 3: Additional Page for Others to Be Notified About Unsecured Claims

Name and mailing address	On which line in Part 1 or Part 2 is the related creditor (if any) listed?	Last 4 digits of account number, if any
4. _____ _____ _____	Line _____ <input type="checkbox"/> Not listed. Explain _____	____ _
4. _____ _____ _____	Line _____ <input type="checkbox"/> Not listed. Explain _____	____ _
4. _____ _____ _____	Line _____ <input type="checkbox"/> Not listed. Explain _____	____ _
4. _____ _____ _____	Line _____ <input type="checkbox"/> Not listed. Explain _____	____ _
4. _____ _____ _____	Line _____ <input type="checkbox"/> Not listed. Explain _____	____ _
4. _____ _____ _____	Line _____ <input type="checkbox"/> Not listed. Explain _____	____ _
4. _____ _____ _____	Line _____ <input type="checkbox"/> Not listed. Explain _____	____ _
4. _____ _____ _____	Line _____ <input type="checkbox"/> Not listed. Explain _____	____ _
4. _____ _____ _____	Line _____ <input type="checkbox"/> Not listed. Explain _____	____ _
4. _____ _____ _____	Line _____ <input type="checkbox"/> Not listed. Explain _____	____ _
4. _____ _____ _____	Line _____ <input type="checkbox"/> Not listed. Explain _____	____ _
4. _____ _____ _____	Line _____ <input type="checkbox"/> Not listed. Explain _____	____ _
4. _____ _____ _____	Line _____ <input type="checkbox"/> Not listed. Explain _____	____ _
4. _____ _____ _____	Line _____ <input type="checkbox"/> Not listed. Explain _____	____ _
4. _____ _____ _____	Line _____ <input type="checkbox"/> Not listed. Explain _____	____ _
4. _____ _____ _____	Line _____ <input type="checkbox"/> Not listed. Explain _____	____ _
4. _____ _____ _____	Line _____ <input type="checkbox"/> Not listed. Explain _____	____ _
4. _____ _____ _____	Line _____ <input type="checkbox"/> Not listed. Explain _____	____ _
4. _____ _____ _____	Line _____ <input type="checkbox"/> Not listed. Explain _____	____ _

Debtor

Name

Case number (if known)

Part 4: Total Amounts of the Priority and Nonpriority Unsecured Claims**5. Add the amounts of priority and nonpriority unsecured claims.****Total of claim amounts****5a. Total claims from Part 1**

5a. \$ _____

5b. Total claims from Part 2

5b. + \$ _____

5c. Total of Parts 1 and 2

Lines 5a + 5b = 5c.

5c. \$ _____

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The Physicians Hospital Anadarko

Page: 1

Balance Due Report

Application Code: AP

User Login Name: jkohout

Invoice Number	Invoice Date	Due Date	Discount Date	Location Code	Bank Code	Check Type	Original Amount	Current Balance	Discount Amount	Cash Required	Amount to be Paid
110001 4064	24/7 RADIOLOGY, LLP 01/31/10	02/14/10			01	U	6,391.60	5,691.60	0.00	5,691.60	0.00
Vendor Total:							6,391.60	5,691.60	0.00	5,691.60	0.00
110003 CRDT110711	A and J LABORATORY CONSULTANTS 11/07/11	11/07/11			01	U	-4,000.00	-4,000.00	0.00	-4,000.00	0.00
Vendor Total:							-4,000.00	-4,000.00	0.00	-4,000.00	0.00
110013 21212	ANADARKO CHAMBER OF COMMERCE 01/12/11	01/12/11			01	U	630.00	630.00	0.00	630.00	0.00
Vendor Total:							630.00	630.00	0.00	630.00	0.00
110020 96193898	AESCLAP 11/12/09	12/12/09			01	U	364.00	364.00	0.00	364.00	0.00
96310764	12/12/09	01/11/10			01	U	364.00	364.00	0.00	364.00	0.00
98636166	12/21/09	01/20/10			01	U	364.00	364.00	0.00	364.00	0.00
99242388	04/22/10	05/22/10			01	U	132.30	132.30	0.00	132.30	0.00
Vendor Total:							1,224.30	1,224.30	0.00	1,224.30	0.00
110028 115017	ALIGNED MEDICAL SOLUTIONS 08/13/10	09/12/10			01	U	622.96	622.96	0.00	622.96	0.00
Vendor Total:							622.96	622.96	0.00	622.96	0.00
110047 881010491	ANADARKO FIRE/EMS 09/29/10	09/29/10			01	U	840.00	840.00	0.00	840.00	0.00
881010501	09/29/10	09/29/10			01	U	840.00	840.00	0.00	840.00	0.00
8810110610	11/03/10	11/03/10			01	U	850.00	850.00	0.00	850.00	0.00
8810110710	11/03/10	11/03/10			01	U	850.00	850.00	0.00	850.00	0.00
881011571	11/03/10	11/03/10			01	U	920.00	920.00	0.00	920.00	0.00
Vendor Total:							4,300.00	4,300.00	0.00	4,300.00	0.00
110048 000916	ANADARKO FLORAL SERVICE 06/30/10	06/30/10			01	U	37.85	37.85	0.00	37.85	0.00
Vendor Total:							37.85	37.85	0.00	37.85	0.00
110056 108C	APSP - APNEA SPECIALISTS 10/29/10	12/28/10			01	U	6,800.00	1,820.55	0.00	1,820.55	0.00
Vendor Total:							6,800.00	1,820.55	0.00	1,820.55	0.00
110057 90591575	APPLIED MEDICAL 12/01/09	01/15/10			01	U	-264.27	-264.27	0.00	-264.27	0.00
Vendor Total:							-264.27	-264.27	0.00	-264.27	0.00
110101 0997609-IN	BROOKS INDUSTRIES 04/13/10	04/13/10			01	U	71.13	71.13	0.00	71.13	0.00
Vendor Total:							71.13	71.13	0.00	71.13	0.00

The Vendor Balance Due Report was provided to the debtor by First Physician on November 20, 2020. The report was produced on November 6, 2020 based on the date and time stamp. The debtor is not able to determine if this accurately reflects the monies owing to vendors as of the petition date October 25, 2020. Accordingly the debtor will supplement this list should additional information become available.

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The Physicians Hospital Anadarko

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Balance Due Report

Application Code: AP

User Login Name: jkohout

Invoice Number	Invoice Date	Due Date	Discount Date	Location Code	Bank Code	Check Type	Original Amount	Current Balance	Discount Amount	Cash Required	Amount to be Paid
110124	CARDINAL HEALTH										
1600221260	11/01/10	11/01/10			01	U	13.41	13.41	0.00	13.41	0.00
1600388888	02/01/11	02/01/11			01	U	10.61	10.61	0.00	10.61	0.00
1600510311	04/05/11	04/05/11			01	U	14.88	14.88	0.00	14.88	0.00
1600614884	06/03/11	06/03/11			01	U	16.88	16.88	0.00	16.88	0.00
626753631	04/26/10	05/26/10			01	U	2,665.18	2,665.18	0.00	2,665.18	0.00
628986680	06/28/10	07/28/10			01	U	467.54	467.54	0.00	467.54	0.00
635558401	01/11/11	02/10/11			01	U	327.56	327.56	0.00	327.56	0.00
Vendor Total:							3,516.06	3,516.06	0.00	3,516.06	0.00
110144	CLINT PHARMACEUTICALS, INC										
10202011	10/20/11	11/09/11			01	U	0.52	0.52	0.00	0.52	0.00
Vendor Total:							0.52	0.52	0.00	0.52	0.00
110146	COMANCHE MEMORIAL EMS										
104343-A	01/31/11	01/31/11			01	U	1,123.00	1,123.00	0.00	1,123.00	0.00
Vendor Total:							1,123.00	1,123.00	0.00	1,123.00	0.00
110147	COMANCHE COUNTY MEMORIAL HOSP										
1028500618	10/12/10	10/12/10			01	U	1,140.00	1,140.00	0.00	1,140.00	0.00
1029800624	10/25/10	10/25/10			01	U	1,084.00	1,084.00	0.00	1,084.00	0.00
Vendor Total:							2,224.00	2,224.00	0.00	2,224.00	0.00
110159	CORPORATE EXPRESS, INC										
90417109	09/26/08	10/26/08			01	U	-23.62	-23.62	0.00	-23.62	0.00
Vendor Total:							-23.62	-23.62	0.00	-23.62	0.00
110183	DIVERSIFIED BIOLOGICALS, LLC										
101126-03	11/29/10	12/29/10			01	U	169.08	169.08	0.00	169.08	0.00
Vendor Total:							169.08	169.08	0.00	169.08	0.00
110193	EAGLE LABS										
121980	08/19/10	09/18/10			01	U	85.90	85.90	0.00	85.90	0.00
Vendor Total:							85.90	85.90	0.00	85.90	0.00
110219	FIRST PHYSICIANS REALTY GROUP										
0264	07/27/12	07/27/12			01	U	50,770.27	50,770.27	0.00	50,770.27	0.00
Vendor Total:							50,770.27	50,770.27	0.00	50,770.27	0.00

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Balance Due Report

Application Code: AP

User Login Name: jkohout

Invoice Number	Invoice Date	Due Date	Discount Date	Location Code	Bank Code	Check Type	Original Amount	Current Balance	Discount Amount	Cash Required	Amount to be Paid
110224	FUJINON										
790161RI	10/18/10	11/17/10			01	U	920.83	920.83	0.00	920.83	0.00
792675RI	11/17/10	12/17/10			01	U	920.83	920.83	0.00	920.83	0.00
794417RI	12/09/10	01/08/11			01	U	920.83	920.83	0.00	920.83	0.00
794692RI	12/14/10	01/13/11			01	U	780.45	780.45	0.00	780.45	0.00
794694RI	12/14/10	01/13/11			01	U	242.48	242.48	0.00	242.48	0.00
796592RI	01/11/11	02/10/11			01	U	920.83	920.83	0.00	920.83	0.00
799372 RI	02/16/11	03/18/11			01	U	920.83	920.83	0.00	920.83	0.00
801176RI	03/11/11	04/10/11			01	U	920.83	920.83	0.00	920.83	0.00
803745 RI	04/14/11	05/14/11			01	U	920.83	920.83	0.00	920.83	0.00
805608RI	05/09/11	06/08/11			01	U	920.83	920.83	0.00	920.83	0.00
808490RI	06/15/11	07/15/11			01	U	920.83	920.83	0.00	920.83	0.00
810566RI	07/13/11	08/12/11			01	U	920.83	920.83	0.00	920.83	0.00
Vendor Total:							10,231.23	10,231.23	0.00	10,231.23	0.00
110237	GLIDEWELL PLUMBING HEATING										
020312	02/03/12	02/03/12			01	U	37.53	37.53	0.00	37.53	0.00
113011	11/30/11	11/30/11			01	U	36.43	36.43	0.00	36.43	0.00
178	04/30/12	04/30/12			01	U	39.25	39.25	0.00	39.25	0.00
183	05/30/12	05/30/12			01	U	39.84	39.84	0.00	39.84	0.00
FC 202	06/30/12	06/30/12			01	U	40.43	40.43	0.00	40.43	0.00
FC167	03/01/12	03/31/12			01	U	38.10	38.10	0.00	38.10	0.00
FC173	03/13/12	03/13/12			01	U	38.67	38.67	0.00	38.67	0.00
Vendor Total:							270.25	270.25	0.00	270.25	0.00
110238	GLOBAL STAR										
2770-P	10/25/10	11/24/10			01	U	396.56	396.56	0.00	396.56	0.00
2770P	10/25/10	10/25/10			01	U	183.84	183.84	0.00	183.84	0.00
Vendor Total:							580.40	580.40	0.00	580.40	0.00
110242	GRADY MEMORIAL HOSPITAL										
000502437	02/04/10	02/04/10			01	U	-127.98	-127.98	0.00	-127.98	0.00
031710	03/17/10	03/17/10			01	U	88.00	88.00	0.00	88.00	0.00
032310	03/23/10	03/23/10			01	U	88.00	88.00	0.00	88.00	0.00
093009	09/30/09	09/30/09			01	U	88.00	88.00	0.00	88.00	0.00
100509	10/05/09	10/05/09			01	U	407.00	407.00	0.00	407.00	0.00
121409	12/14/09	12/14/09			01	U	569.00	569.00	0.00	569.00	0.00
520794	06/17/10	06/17/10			01	U	49.00	49.00	0.00	49.00	0.00
G000502437	02/04/10	02/04/10			01	U	1,000.00	1,000.00	0.00	1,000.00	0.00
Vendor Total:							2,161.02	2,161.02	0.00	2,161.02	0.00
110247	GREMED PRODUCTS										
GP3704	08/31/10	09/30/10			01	U	167.43	167.43	0.00	167.43	0.00
Vendor Total:							167.43	167.43	0.00	167.43	0.00
110251	GULF COAST PHAMACEUTICALS										
69464	11/23/10	12/23/10			01	U	340.00	340.00	0.00	340.00	0.00
Vendor Total:							340.00	340.00	0.00	340.00	0.00

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The Physicians Hospital Anadarko

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Balance Due Report

Application Code: AP

User Login Name: jkohout

Invoice Number	Invoice Date	Due Date	Discount Date	Location Code	Bank Code	Check Type	Original Amount	Current Balance	Discount Amount	Cash Required	Amount to be Paid
110252 69341	GULF COAST MEDICAL, INC.										
	07/21/10	08/20/10			01	U	340.00	340.00	0.00	340.00	0.00
					Vendor Total:		340.00	340.00	0.00	340.00	0.00
110259 090517	HAMPSHIRE CONTROLS CORP.										
	05/13/09	06/12/09			01	U	282.00	282.00	0.00	282.00	0.00
					Vendor Total:		282.00	282.00	0.00	282.00	0.00
110263 21810	HEALTHCHOICE REFUNDS										
	02/18/10	02/18/10			01	U	117.98	117.98	0.00	117.98	0.00
					Vendor Total:		117.98	117.98	0.00	117.98	0.00
110282 90221736	HORIBA										
	11/01/09	12/01/09			01	U	3,550.08	3,550.08	0.00	3,550.08	0.00
					Vendor Total:		3,550.08	3,550.08	0.00	3,550.08	0.00
110284 10026743	HOYA SURGICAL OPTICS, INC										
	12/17/10	01/16/11			01	U	630.00	630.00	0.00	630.00	0.00
10027357	12/31/10	01/30/11			01	U	230.00	230.00	0.00	230.00	0.00
10027909	01/13/11	02/12/11			01	U	530.00	530.00	0.00	530.00	0.00
10030934	03/15/11	04/14/11			01	U	830.00	830.00	0.00	830.00	0.00
10031510	03/25/11	04/24/11			01	U	700.00	700.00	0.00	700.00	0.00
					Vendor Total:		2,920.00	2,920.00	0.00	2,920.00	0.00
110291 10566850	INGENIX										
	12/14/10	12/29/10			01	U	700.44	700.44	0.00	700.44	0.00
10612827	12/23/10	01/07/11			01	U	120.40	120.40	0.00	120.40	0.00
					Vendor Total:		820.84	820.84	0.00	820.84	0.00
110308 835	JETRAD, LLC										
	10/31/09	11/30/09			01	U	518.41	518.41	0.00	518.41	0.00
864	10/31/09	11/20/09			01	U	3,195.00	3,195.00	0.00	3,195.00	0.00
871	11/30/09	12/30/09			01	U	511.29	511.29	0.00	511.29	0.00
900	11/30/09	12/30/09			01	U	2,610.00	2,610.00	0.00	2,610.00	0.00
909	12/31/09	01/30/10			01	U	310.55	310.55	0.00	310.55	0.00
937	12/31/09	01/20/10			01	U	1,530.00	1,530.00	0.00	1,530.00	0.00
					Vendor Total:		8,675.25	8,675.25	0.00	8,675.25	0.00
110309 130689	DIGITAL TRANSCRIPTIONS SYSTEMS										
	01/16/09	01/26/09			01	U	552.00	552.00	0.00	552.00	0.00
					Vendor Total:		552.00	552.00	0.00	552.00	0.00
110311 13105	JOHNSTON MEMORIAL HOSPITAL										
	04/30/12	04/30/12			01	U	1,000.00	1,000.00	0.00	1,000.00	0.00
					Vendor Total:		1,000.00	1,000.00	0.00	1,000.00	0.00
110337 024035	LAWTON COMMUNICATIONS										
	10/27/09	11/26/09			01	U	151.83	151.83	0.00	151.83	0.00
024035A	10/27/09	11/26/09			01	U	300.11	300.11	0.00	300.11	0.00
024035B	01/01/12	03/01/12			01	U	2.08	2.08	0.00	2.08	0.00
					Vendor Total:		454.02	454.02	0.00	454.02	0.00

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110343	LIPPINCOTT WILLIAMS & WILKINS										
61514298	10/04/10	11/03/10			01	U	188.26	188.26	0.00	188.26	0.00
Vendor Total:							188.26	188.26	0.00	188.26	0.00
110369	MED ASSETS										
112995	01/05/10	02/04/10			01	U	7,500.00	7,500.00	0.00	7,500.00	0.00
164234	03/31/11	04/30/11			01	U	7,500.00	7,500.00	0.00	7,500.00	0.00
Vendor Total:							15,000.00	15,000.00	0.00	15,000.00	0.00
110386	MMI, LLC										
9669MMI	04/01/11	05/01/11			01	U	305.83	305.83	0.00	305.83	0.00
9773MMI	05/01/11	05/31/11			01	U	305.84	305.84	0.00	305.84	0.00
9843MMI	06/01/11	07/01/11			01	U	305.83	305.83	0.00	305.83	0.00
9846MMI	07/01/11	07/31/11			01	U	305.84	305.84	0.00	305.84	0.00
Vendor Total:							1,223.34	1,223.34	0.00	1,223.34	0.00
110412	NOVA BIOMEDICAL										
031009CR	03/10/09	03/10/09			01	U	-994.81	-994.81	0.00	-994.81	0.00
Vendor Total:							-994.81	-994.81	0.00	-994.81	0.00
110429	ONE CURA WELLNESS (WIRE ONLY)										
042012	04/20/12	04/20/12			01	U	30,951.36	30,951.36	0.00	30,951.36	0.00
Vendor Total:							30,951.36	30,951.36	0.00	30,951.36	0.00
110448	OKLAHOMA TAX COMMISSION										
043011	04/30/11	05/20/11			01	U	173.43	173.43	0.00	173.43	0.00
053111	05/31/11	06/20/11			01	U	152.09	152.09	0.00	152.09	0.00
063011	06/30/11	07/20/11			01	U	106.57	106.57	0.00	106.57	0.00
073111	07/31/11	08/22/11			01	U	30.10	30.10	0.00	30.10	0.00
Vendor Total:							462.19	462.19	0.00	462.19	0.00
110449	OKLAHOMA TAX COMMISSION										
112111	11/11/11	11/21/11			01	U	107.03	107.03	0.00	107.03	0.00
Vendor Total:							107.03	107.03	0.00	107.03	0.00

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110452	OWENS and MINOR										
0598142	09/15/10	09/22/10			01	U	57.98	57.98	0.00	57.98	0.00
0598927	09/20/10	09/27/10			01	U	40.39	40.39	0.00	40.39	0.00
0599022	09/20/10	09/27/10			01	U	145.47	145.47	0.00	145.47	0.00
0599024	09/20/10	09/27/10			01	U	658.63	658.63	0.00	658.63	0.00
0599491	09/22/10	09/29/10			01	U	16.48	16.48	0.00	16.48	0.00
0599492	09/22/10	09/29/10			01	U	149.10	149.10	0.00	149.10	0.00
0599581	09/22/10	09/29/10			01	U	16.48	16.48	0.00	16.48	0.00
0600271	09/27/10	10/04/10			01	U	186.19	186.19	0.00	186.19	0.00
0600505	09/27/10	10/04/10			01	U	102.50	102.50	0.00	102.50	0.00
0600904	09/29/10	10/06/10			01	U	34.96	34.96	0.00	34.96	0.00
0602133	10/06/10	10/13/10			01	U	96.55	96.55	0.00	96.55	0.00
0602151	10/06/10	10/13/10			01	U	11.01	11.01	0.00	11.01	0.00
0602197	10/06/10	10/13/10			01	U	86.92	86.92	0.00	86.92	0.00
0603106	10/11/10	10/18/10			01	U	20.28	20.28	0.00	20.28	0.00
0603772	10/13/10	10/20/10			01	U	197.16	197.16	0.00	197.16	0.00
0604487	10/18/10	10/25/10			01	U	79.95	79.95	0.00	79.95	0.00
0605799	10/25/10	11/01/10			01	U	174.57	174.57	0.00	174.57	0.00
0605848	10/25/10	11/01/10			01	U	174.57	174.57	0.00	174.57	0.00
0605908	10/25/10	11/01/10			01	U	15.27	15.27	0.00	15.27	0.00
0606069	10/25/10	11/01/10			01	U	1,594.30	1,594.30	0.00	1,594.30	0.00
0606070	10/25/10	11/01/10			01	U	2,403.08	2,403.08	0.00	2,403.08	0.00
0606396	10/27/10	11/03/10			01	U	17.14	17.14	0.00	17.14	0.00
0606465	10/27/10	11/03/10			01	U	23.63	23.63	0.00	23.63	0.00
0606586	10/27/10	11/03/10			01	U	1,086.72	1,086.00	0.00	1,086.00	0.00
0607285	11/01/10	11/08/10			01	U	29.53	29.53	0.00	29.53	0.00
0607325	11/01/10	11/08/10			01	U	129.87	129.87	0.00	129.87	0.00
0607424	11/01/10	11/08/10			01	U	944.71	944.71	0.00	944.71	0.00
0607810	11/03/10	11/10/10			01	U	6.02	0.89	0.00	0.89	0.00
0608360	11/08/10	11/15/10			01	U	26.04	26.04	0.00	26.04	0.00
0608451	11/08/10	11/15/10			01	U	465.86	465.86	0.00	465.86	0.00
0608554	11/08/10	11/15/10			01	U	2,596.60	2,596.60	0.00	2,596.60	0.00
0608558	11/08/10	11/15/10			01	U	2,071.05	2,071.05	0.00	2,071.05	0.00
0608827	11/10/10	11/17/10			01	U	715.73	715.73	0.00	715.73	0.00
0608828	11/10/10	11/17/10			01	U	223.65	223.65	0.00	223.65	0.00
0608829	11/10/10	11/17/10			01	U	28.32	28.32	0.00	28.32	0.00
0608939	11/10/10	11/17/10			01	U	20.28	20.28	0.00	20.28	0.00
0609040	11/10/10	11/17/10			01	U	220.00	220.00	0.00	220.00	0.00
0609172	11/11/10	11/18/10			01	U	439.05	439.05	0.00	439.05	0.00
0609540	11/15/10	11/22/10			01	U	16.40	16.40	0.00	16.40	0.00
0609561	11/15/10	11/22/10			01	U	197.39	197.39	0.00	197.39	0.00
0609620	11/15/10	11/22/10			01	U	426.71	426.71	0.00	426.71	0.00
0609622	11/15/10	11/22/10			01	U	159.87	159.87	0.00	159.87	0.00
0609712	11/15/10	11/22/10			01	U	3,511.47	3,511.47	0.00	3,511.47	0.00
0609714	11/15/10	11/22/10			01	U	1,214.37	1,214.37	0.00	1,214.37	0.00

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0631267	04/04/11	04/11/11			01	U	724.14	724.14	0.00	724.14	0.00
0631375	04/05/11	04/12/11			01	U	1,666.42	1,666.42	0.00	1,666.42	0.00
0631484	04/06/11	04/13/11			01	U	139.88	139.88	0.00	139.88	0.00
0631539	04/06/11	04/13/11			01	U	28.34	28.34	0.00	28.34	0.00
0631619	04/06/11	04/13/11			01	U	213.47	213.47	0.00	213.47	0.00
0631994	04/11/11	04/18/11			01	U	27.67	27.67	0.00	27.67	0.00
0632081	04/11/11	04/18/11			01	U	124.93	124.93	0.00	124.93	0.00
0632167	04/11/11	04/18/11			01	U	852.31	852.31	0.00	852.31	0.00
0632170	04/11/11	04/18/11			01	U	583.57	583.57	0.00	583.57	0.00
0632347	04/13/11	04/20/11			01	U	19.91	19.91	0.00	19.91	0.00
0632430	04/13/11	04/20/11			01	U	24.65	24.65	0.00	24.65	0.00
0632987	04/18/11	04/25/11			01	U	40.42	40.42	0.00	40.42	0.00
0633060	04/18/11	04/25/11			01	U	370.74	370.74	0.00	370.74	0.00
0633162	04/18/11	04/25/11			01	U	1,386.78	1,386.78	0.00	1,386.78	0.00
0633163	04/18/11	04/25/11			01	U	455.84	455.84	0.00	455.84	0.00
0633456	04/20/11	04/27/11			01	U	19.61	19.61	0.00	19.61	0.00
0633687	04/21/11	04/28/11			01	U	112.01	112.01	0.00	112.01	0.00
0633983	04/25/11	05/02/11			01	U	39.52	39.52	0.00	39.52	0.00
0633984	04/25/11	05/02/11			01	U	10.33	10.33	0.00	10.33	0.00
0634084	04/25/11	05/02/11			01	U	1,638.09	1,638.09	0.00	1,638.09	0.00
0634382	04/27/11	05/04/11			01	U	79.64	79.64	0.00	79.64	0.00
11/15/11	11/22/11	11/29/11			01	U	26.19	26.19	0.00	26.19	0.00
1688527	05/03/11	05/10/11			01	U	238.88	238.88	0.00	238.88	0.00
1688528	05/03/11	05/10/11			01	U	133.74	133.74	0.00	133.74	0.00
1688791	05/03/11	05/10/11			01	U	1,051.72	1,051.72	0.00	1,051.72	0.00
1691182	05/05/11	05/12/11			01	U	87.89	87.89	0.00	87.89	0.00
1694218	05/10/11	05/17/11			01	U	67.36	67.36	0.00	67.36	0.00
1694678	05/10/11	05/17/11			01	U	2,143.24	2,143.24	0.00	2,143.24	0.00
1697738	05/13/11	05/20/11			01	U	342.91	342.91	0.00	342.91	0.00
1697867	05/13/11	05/20/11			01	U	40.90	40.90	0.00	40.90	0.00
1697923	05/13/11	05/20/11			01	U	292.02	292.02	0.00	292.02	0.00
1697946	05/13/11	05/20/11			01	U	123.04	123.04	0.00	123.04	0.00
1699874	05/17/11	05/24/11			01	U	99.37	99.37	0.00	99.37	0.00
1700478	05/17/11	05/24/11			01	U	1,745.15	1,745.15	0.00	1,745.15	0.00
1702401	05/19/11	05/26/11			01	U	287.57	287.57	0.00	287.57	0.00
1705699	05/24/11	05/31/11			01	U	-10.55	-10.55	0.00	-10.55	0.00
1705700	05/24/11	05/31/11			01	U	-61.66	-61.66	0.00	-61.66	0.00
1705711	05/24/11	05/31/11			01	U	364.49	364.49	0.00	364.49	0.00
1705750	05/24/11	05/31/11			01	U	-10.55	-10.55	0.00	-10.55	0.00
1705824	05/24/11	05/31/11			01	U	-40.00	-40.00	0.00	-40.00	0.00
1706330	05/24/11	05/31/11			01	U	1,406.95	1,406.95	0.00	1,406.95	0.00
1708431	05/26/11	06/02/11			01	U	70.82	70.82	0.00	70.82	0.00
1708537	05/26/11	06/02/11			01	U	4.27	4.27	0.00	4.27	0.00
1711587	05/31/11	06/07/11			01	U	638.24	638.24	0.00	638.24	0.00
1713813	06/02/11	06/09/11			01	U	86.63	86.63	0.00	86.63	0.00

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1717169	06/07/11	06/14/11			01	U	35.19	35.19	0.00	35.19	0.00
1717956	06/07/11	06/14/11			01	U	1,693.33	1,693.33	0.00	1,693.33	0.00
1723377	06/14/11	06/21/11			01	U	-16.00	-16.00	0.00	-16.00	0.00
1723397	06/14/11	06/21/11			01	U	-17.57	-17.57	0.00	-17.57	0.00
1723398	06/14/11	06/21/11			01	U	-9.85	-9.85	0.00	-9.85	0.00
1723703	06/14/11	06/21/11			01	U	8.52	8.52	0.00	8.52	0.00
1724226	06/14/11	06/21/11			01	U	1,050.80	1,050.80	0.00	1,050.80	0.00
1729866	06/21/11	06/28/11			01	U	68.21	68.21	0.00	68.21	0.00
1729876	06/21/11	06/28/11			01	U	27.22	27.22	0.00	27.22	0.00
1730186	06/21/11	06/28/11			01	U	783.31	783.31	0.00	783.31	0.00
1735317	06/28/11	07/05/11			01	U	28.78	28.78	0.00	28.78	0.00
1735378	06/28/11	07/05/11			01	U	4.27	4.27	0.00	4.27	0.00
CR010411	01/31/11	02/07/11			01	U	-10,000.00	-10,000.00	0.00	-10,000.00	0.00
CR012711	01/31/11	02/07/11			01	U	-16,000.00	-16,000.00	0.00	-16,000.00	0.00
CR021411	02/28/11	03/07/11			01	U	-5,000.00	-5,000.00	0.00	-5,000.00	0.00
CR022211	02/28/11	03/07/11			01	U	-6,102.00	-6,102.00	0.00	-6,102.00	0.00
CR030711	03/31/11	04/07/11			01	U	-6,000.00	-6,000.00	0.00	-6,000.00	0.00
CR032511	03/31/11	04/07/11			01	U	-6,000.00	-6,000.00	0.00	-6,000.00	0.00
CR0620WIRE	08/01/11	08/08/11			01	U	-4,145.09	-4,145.09	0.00	-4,145.09	0.00
CR072811	07/31/11	08/07/11			01	U	-7,000.00	-7,000.00	0.00	-7,000.00	0.00
CR0826WIRE	08/26/11	09/02/11			01	U	-6,000.00	-6,000.00	0.00	-6,000.00	0.00
CR102710	10/27/10	11/03/10			01	U	-1,900.34	-1,900.34	0.00	-1,900.34	0.00
CR20406	04/30/11	05/07/11			01	U	-3,445.00	-3,445.00	0.00	-3,445.00	0.00
CRDT102411	10/24/11	10/31/11			01	U	-10,000.00	-10,000.00	0.00	-10,000.00	0.00
CRDT112311	11/23/11	11/30/11			01	U	-7,000.00	-7,000.00	0.00	-7,000.00	0.00
CRDT122911	12/29/11	01/05/12			01	U	-12,000.00	-12,000.00	0.00	-12,000.00	0.00
CREDIT0504	05/31/11	06/07/11			01	U	-7,618.66	-7,618.66	0.00	-7,618.66	0.00
CREDIT0524	05/31/11	06/07/11			01	U	-4,900.00	-4,900.00	0.00	-4,900.00	0.00
CREDIT1121	11/30/10	12/07/10			01	U	-11,000.00	-11,000.00	0.00	-11,000.00	0.00
CREDIT1201	12/31/10	01/07/11			01	U	-8,000.00	-8,000.00	0.00	-8,000.00	0.00
CREDIT1203	12/31/10	01/07/11			01	U	-8,000.00	-8,000.00	0.00	-8,000.00	0.00
CREDIT1229	12/31/10	01/07/11			01	U	-7,000.00	-7,000.00	0.00	-7,000.00	0.00
0618476	01/12/11	01/19/11			01	U	3.55	3.55	0.00	3.55	0.00
0618573	01/12/11	01/19/11			01	U	22.86	22.86	0.00	22.86	0.00
0619014	01/17/11	01/24/11			01	U	11.04	11.04	0.00	11.04	0.00
0619023	01/17/11	01/24/11			01	U	50.85	50.85	0.00	50.85	0.00
0619085	01/17/11	01/24/11			01	U	124.93	124.93	0.00	124.93	0.00
0619189	01/17/11	01/24/11			01	U	1,744.83	1,744.83	0.00	1,744.83	0.00
0619477	01/19/11	01/26/11			01	U	51.48	51.48	0.00	51.48	0.00
0619477A	01/19/11	01/26/11			01	U	-51.48	-51.48	0.00	-51.48	0.00
0619477B	01/19/11	01/26/11			01	U	51.48	51.48	0.00	51.48	0.00
0619545	01/19/11	01/26/11			01	U	136.94	136.94	0.00	136.94	0.00
0619545A	01/19/11	01/26/11			01	U	-136.94	-136.94	0.00	-136.94	0.00
0619545B	01/19/11	01/26/11			01	U	136.94	136.94	0.00	136.94	0.00
0619580	01/19/11	01/26/11			01	U	12.96	12.96	0.00	12.96	0.00

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0619580A	01/19/11	01/26/11			01	U	-12.96	-12.96	0.00	-12.96	0.00
0619580B	01/19/11	01/26/11			01	U	12.96	12.96	0.00	12.96	0.00
0619630	01/19/11	01/26/11			01	U	85.46	85.46	0.00	85.46	0.00
0619630A	01/19/11	01/26/11			01	U	-85.46	-85.46	0.00	-85.46	0.00
0619630B	01/19/11	01/26/11			01	U	85.46	85.46	0.00	85.46	0.00
0619723	01/19/11	01/26/11			01	U	146.64	146.64	0.00	146.64	0.00
0619723A	01/19/11	01/26/11			01	U	-146.64	-146.64	0.00	-146.64	0.00
0619723B	01/19/11	01/26/11			01	U	146.64	146.64	0.00	146.64	0.00
0620207	01/24/11	01/31/11			01	U	249.91	249.91	0.00	249.91	0.00
0620207A	01/24/11	01/31/11			01	U	-249.91	-249.91	0.00	-249.91	0.00
0620207B	01/24/11	01/31/11			01	U	249.91	249.91	0.00	249.91	0.00
0620243	01/24/11	01/31/11			01	U	89.29	89.29	0.00	89.29	0.00
0620243A	01/24/11	01/31/11			01	U	-89.29	-89.29	0.00	-89.29	0.00
0620243B	01/24/11	01/31/11			01	U	89.29	89.29	0.00	89.29	0.00
0620300	01/24/11	01/31/11			01	U	68.84	68.84	0.00	68.84	0.00
0620300A	01/24/11	01/31/11			01	U	-68.84	-68.84	0.00	-68.84	0.00
0620300B	01/24/11	01/31/11			01	U	68.84	68.84	0.00	68.84	0.00
0620341	01/24/11	01/31/11			01	U	35.10	35.10	0.00	35.10	0.00
0620341A	01/24/11	01/31/11			01	U	-35.10	-35.10	0.00	-35.10	0.00
0620341B	01/24/11	01/31/11			01	U	35.10	35.10	0.00	35.10	0.00
0620425	01/24/11	01/31/11			01	U	1,474.03	1,474.03	0.00	1,474.03	0.00
0620425A	01/24/11	01/31/11			01	U	-1,474.03	-1,474.03	0.00	-1,474.03	0.00
0620425B	01/24/11	01/31/11			01	U	1,474.03	1,474.03	0.00	1,474.03	0.00
0620428	01/24/11	01/31/11			01	U	1,761.79	1,761.79	0.00	1,761.79	0.00
0620428A	01/24/11	01/31/11			01	U	-1,761.79	-1,761.79	0.00	-1,761.79	0.00
0620428B	01/24/11	01/31/11			01	U	1,761.79	1,761.79	0.00	1,761.79	0.00
0620627	01/26/11	02/02/11			01	U	719.23	719.23	0.00	719.23	0.00
0620627A	01/26/11	02/02/11			01	U	-719.23	-719.23	0.00	-719.23	0.00
0620627B	01/26/11	02/02/11			01	U	719.23	719.23	0.00	719.23	0.00
0620630	01/26/11	02/02/11			01	U	719.23	719.23	0.00	719.23	0.00
0620630A	01/26/11	02/02/11			01	U	-719.23	-719.23	0.00	-719.23	0.00
0620630B	01/26/11	02/02/11			01	U	719.23	719.23	0.00	719.23	0.00
0620735B	01/26/11	02/02/11			01	U	177.98	177.98	0.00	177.98	0.00
0620736B	01/26/11	02/02/11			01	U	24.65	24.65	0.00	24.65	0.00
0620876B	01/26/11	02/02/11			01	U	20.58	20.58	0.00	20.58	0.00
0620877B	01/26/11	02/02/11			01	U	128.55	128.55	0.00	128.55	0.00
0621411	01/31/11	02/07/11			01	U	20.24	20.24	0.00	20.24	0.00
0610049	11/17/10	11/24/10			01	U	196.29	196.29	0.00	196.29	0.00
0610067	11/17/10	11/24/10			01	U	19.40	19.40	0.00	19.40	0.00
0610097	11/17/10	11/24/10			01	U	6.02	6.02	0.00	6.02	0.00
0610160	11/17/10	11/24/10			01	U	310.33	310.33	0.00	310.33	0.00
0610179	11/17/10	11/24/10			01	U	35.78	35.78	0.00	35.78	0.00
0610357	11/19/10	11/26/10			01	U	935.03	935.03	0.00	935.03	0.00
0610629	11/22/10	11/29/10			01	U	249.91	249.91	0.00	249.91	0.00
0610631	11/22/10	11/29/10			01	U	230.79	230.79	0.00	230.79	0.00

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0610693	11/22/10	11/29/10			01	U	20.28	20.28	0.00	20.28	0.00
0610740	11/22/10	11/29/10			01	U	34.74	34.74	0.00	34.74	0.00
0610815	11/22/10	11/29/10			01	U	2,226.02	2,226.02	0.00	2,226.02	0.00
0611391	11/29/10	12/06/10			01	U	755.66	755.66	0.00	755.66	0.00
0611392	11/29/10	12/06/10			01	U	144.62	144.62	0.00	144.62	0.00
0611424	11/29/10	12/06/10			01	U	85.52	85.52	0.00	85.52	0.00
0611478	11/29/10	12/06/10			01	U	6.02	6.02	0.00	6.02	0.00
0611510	11/29/10	12/06/10			01	U	6.02	6.02	0.00	6.02	0.00
0611619	11/29/10	12/06/10			01	U	935.31	935.31	0.00	935.31	0.00
0611648	11/29/10	12/06/10			01	U	2,314.16	229.91	0.00	229.91	0.00
0611778	11/30/10	12/07/10			01	U	218.49	218.49	0.00	218.49	0.00
0611945	12/01/10	12/08/10			01	U	278.78	278.78	0.00	278.78	0.00
0612024	12/01/10	12/08/10			01	U	357.87	357.87	0.00	357.87	0.00
0612175	12/01/10	12/08/10			01	U	348.78	348.78	0.00	348.78	0.00
0612628	12/06/10	12/13/10			01	U	293.77	293.77	0.00	293.77	0.00
0612825	12/06/10	12/13/10			01	U	2,466.53	2,466.53	0.00	2,466.53	0.00
0612828	12/06/10	12/13/10			01	U	952.34	952.34	0.00	952.34	0.00
0613124	12/08/10	12/15/10			01	U	24.65	0.31	0.00	0.31	0.00
0613208	12/08/10	12/15/10			01	U	10.01	10.01	0.00	10.01	0.00
0613752	12/13/10	12/20/10			01	U	158.85	158.85	0.00	158.85	0.00
0613753	12/13/10	12/20/10			01	U	354.49	354.49	0.00	354.49	0.00
0613829	12/13/10	12/20/10			01	U	397.60	397.60	0.00	397.60	0.00
0613964	12/13/10	12/20/10			01	U	56.56	56.56	0.00	56.56	0.00
0614257	12/15/10	12/22/10			01	U	16.47	16.47	0.00	16.47	0.00
0614348	12/15/10	12/22/10			01	U	100.24	100.24	0.00	100.24	0.00
0614349	12/15/10	12/22/10			01	U	23.52	23.52	0.00	23.52	0.00
0614434	12/15/10	12/22/10			01	U	229.62	229.62	0.00	229.62	0.00
0614899	12/20/10	12/27/10			01	U	165.69	165.69	0.00	165.69	0.00
0614997	12/20/10	12/27/10			01	U	15.86	15.86	0.00	15.86	0.00
0615114	12/20/10	12/27/10			01	U	1,981.92	1,981.92	0.00	1,981.92	0.00
0615117	12/20/10	12/27/10			01	U	1,871.59	1,871.59	0.00	1,871.59	0.00
0615425	12/22/10	12/29/10			01	U	594.37	594.37	0.00	594.37	0.00
0615594	12/22/10	12/29/10			01	U	92.41	92.41	0.00	92.41	0.00
0615899	12/27/10	01/03/11			01	U	135.61	135.61	0.00	135.61	0.00
0615920	12/27/10	01/03/11			01	U	12.49	12.49	0.00	12.49	0.00
0616170	12/28/10	01/04/11			01	U	38.34	38.34	0.00	38.34	0.00
0616355	12/29/10	01/05/11			01	U	23.11	23.11	0.00	23.11	0.00
0616483	12/29/10	01/05/11			01	U	311.58	311.58	0.00	311.58	0.00
0616869	01/03/11	01/10/11			01	U	59.05	59.05	0.00	59.05	0.00
0616970	01/03/11	01/10/11			01	U	1,922.40	1,922.40	0.00	1,922.40	0.00
0616972	01/03/11	01/10/11			01	U	1,464.74	1,464.74	0.00	1,464.74	0.00
0616983	01/03/11	01/10/11			01	U	154.67	154.67	0.00	154.67	0.00
0617202	01/05/11	01/12/11			01	U	359.92	359.92	0.00	359.92	0.00
0617225	01/05/11	01/12/11			01	U	5.06	5.06	0.00	5.06	0.00
0617311	01/05/11	01/12/11			01	U	30.08	30.08	0.00	30.08	0.00

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0617822	01/10/11	01/17/11			01	U	84.97	84.97	0.00	84.97	0.00
0617850	01/10/11	01/17/11			01	U	5.06	5.06	0.00	5.06	0.00
0617911	01/10/11	01/17/11			01	U	176.09	176.09	0.00	176.09	0.00
0618372	01/12/11	01/19/11			01	U	293.85	293.85	0.00	293.85	0.00
0618373	01/12/11	01/19/11			01	U	9.07	9.07	0.00	9.07	0.00
0621438	01/31/11	02/07/11			01	U	36.35	36.35	0.00	36.35	0.00
0621476	01/31/11	02/07/11			01	U	15.59	15.59	0.00	15.59	0.00
0621641	01/31/11	02/07/11			01	U	1,649.35	1,649.35	0.00	1,649.35	0.00
0621681	01/31/11	02/07/11			01	U	59.05	59.05	0.00	59.05	0.00
0622418	02/07/11	02/14/11			01	U	9.60	9.60	0.00	9.60	0.00
0622552	02/07/11	02/14/11			01	U	1,273.48	1,273.48	0.00	1,273.48	0.00
0622558	02/07/11	02/14/11			01	U	36.53	36.53	0.00	36.53	0.00
0622577	02/07/11	02/14/11			01	U	214.44	214.44	0.00	214.44	0.00
0623491	02/14/11	02/21/11			01	U	83.50	83.50	0.00	83.50	0.00
0623547	02/14/11	02/21/11			01	U	14.66	14.66	0.00	14.66	0.00
0623548	02/14/11	02/21/11			01	U	16.40	16.40	0.00	16.40	0.00
0623559	02/14/11	02/21/11			01	U	17.81	17.81	0.00	17.81	0.00
0623644	02/14/11	02/21/11			01	U	788.11	788.11	0.00	788.11	0.00
0623963	02/16/11	02/23/11			01	U	61.91	61.91	0.00	61.91	0.00
0624018	02/16/11	02/23/11			01	U	115.19	115.19	0.00	115.19	0.00
0624237	02/16/11	02/23/11			01	U	540.28	540.28	0.00	540.28	0.00
0624746	02/21/11	02/28/11			01	U	3,003.94	3,003.94	0.00	3,003.94	0.00
0624813	02/21/11	02/28/11			01	U	101.36	101.36	0.00	101.36	0.00
0624899	02/21/11	02/28/11			01	U	1,537.88	1,537.88	0.00	1,537.88	0.00
0624900	02/21/11	02/28/11			01	U	18.19	18.19	0.00	18.19	0.00
0624906	02/21/11	02/28/11			01	U	181.36	181.36	0.00	181.36	0.00
0625135	02/23/11	03/02/11			01	U	7.95	7.95	0.00	7.95	0.00
0625878	02/28/11	03/07/11			01	U	76.58	76.58	0.00	76.58	0.00
0625959	02/28/11	03/07/11			01	U	77.61	77.61	0.00	77.61	0.00
0626095	02/28/11	03/07/11			01	U	1,506.21	1,506.21	0.00	1,506.21	0.00
0626096	02/28/11	03/07/11			01	U	1,116.34	1,116.34	0.00	1,116.34	0.00
0626387	03/02/11	03/09/11			01	U	7.95	7.95	0.00	7.95	0.00
0626498	03/02/11	03/09/11			01	U	14.18	14.18	0.00	14.18	0.00
0627088	03/07/11	03/14/11			01	U	280.51	280.51	0.00	280.51	0.00
0627200	03/07/11	03/14/11			01	U	1,520.63	1,520.63	0.00	1,520.63	0.00
0627203	03/07/11	03/14/11			01	U	1,034.49	1,034.49	0.00	1,034.49	0.00
0627451	03/09/11	03/16/11			01	U	6.02	6.02	0.00	6.02	0.00
0627539	03/09/11	03/16/11			01	U	10.29	10.29	0.00	10.29	0.00
0627622	03/09/11	03/16/11			01	U	442.18	442.18	0.00	442.18	0.00
0628096	03/14/11	03/21/11			01	U	104.76	104.76	0.00	104.76	0.00
0628124	03/14/11	03/21/11			01	U	79.95	79.95	0.00	79.95	0.00
0628217	03/14/11	03/21/11			01	U	1,601.58	1,601.58	0.00	1,601.58	0.00
0628453	03/16/11	03/23/11			01	U	28.32	28.32	0.00	28.32	0.00
0628520	03/16/11	03/23/11			01	U	28.92	28.92	0.00	28.92	0.00
0628548	03/16/11	03/23/11			01	U	6.02	6.02	0.00	6.02	0.00

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0628674	03/16/11	03/23/11			01	U	1,005.76	1,005.76	0.00	1,005.76	0.00
0629109	03/21/11	03/28/11			01	U	9.96	9.96	0.00	9.96	0.00
0629152	03/21/11	03/28/11			01	U	19.92	19.92	0.00	19.92	0.00
0629246	03/21/11	03/28/11			01	U	1,303.41	1,303.41	0.00	1,303.41	0.00
0629247	03/21/11	03/28/11			01	U	1,203.92	1,203.92	0.00	1,203.92	0.00
0629265	02/25/11	03/04/11			01	U	-322.08	-322.08	0.00	-322.08	0.00
0629267	02/25/11	03/04/11			01	U	-322.08	-322.08	0.00	-322.08	0.00
0629268	02/25/11	03/04/11			01	U	-322.08	-322.08	0.00	-322.08	0.00
0629269	02/25/11	03/04/11			01	U	-322.08	-322.08	0.00	-322.08	0.00
0629468	03/23/11	03/30/11			01	U	226.69	226.69	0.00	226.69	0.00
0629531	03/23/11	03/30/11			01	U	4.27	4.27	0.00	4.27	0.00
0629611	03/23/11	03/30/11			01	U	82.02	82.02	0.00	82.02	0.00
0630071	03/28/11	04/04/11			01	U	41.35	41.35	0.00	41.35	0.00
0630106	03/28/11	04/04/11			01	U	71.46	71.46	0.00	71.46	0.00
0630207	03/28/11	04/04/11			01	U	1,567.03	1,567.03	0.00	1,567.03	0.00
0631106	04/04/11	04/11/11			01	U	107.97	107.97	0.00	107.97	0.00
0631128	04/04/11	04/11/11			01	U	4.27	4.27	0.00	4.27	0.00
0631165	04/04/11	04/11/11			01	U	16.40	16.40	0.00	16.40	0.00
1735921	06/28/11	07/05/11			01	U	989.64	989.64	0.00	989.64	0.00
1741267	07/05/11	07/12/11			01	U	1,650.95	1,650.95	0.00	1,650.95	0.00
1743222	07/07/11	07/14/11			01	U	370.32	370.32	0.00	370.32	0.00
1746318	07/12/11	07/19/11			01	U	95.48	95.48	0.00	95.48	0.00
1746957	07/12/11	07/19/11			01	U	1,240.16	1,240.16	0.00	1,240.16	0.00
1752664	07/19/11	07/26/11			01	U	620.05	620.05	0.00	620.05	0.00
1752841	07/19/11	07/26/11			01	U	36.53	36.53	0.00	36.53	0.00
1757991	07/26/11	08/02/11			01	U	4.90	4.90	0.00	4.90	0.00
1758501	07/26/11	08/02/11			01	U	1,710.04	1,710.04	0.00	1,710.04	0.00
1764130	08/02/11	08/09/11			01	U	1,662.11	1,662.11	0.00	1,662.11	0.00
1766030	08/04/11	08/11/11			01	U	111.85	111.85	0.00	111.85	0.00
1766841	08/04/11	08/11/11			01	U	9.80	9.80	0.00	9.80	0.00
1769724	08/09/11	08/16/11			01	U	1,675.66	1,675.66	0.00	1,675.66	0.00
1775406	08/16/11	08/23/11			01	U	1,144.01	1,144.01	0.00	1,144.01	0.00
1777948	08/18/11	08/25/11			01	U	61.41	61.41	0.00	61.41	0.00
1781378	08/23/11	08/30/11			01	U	1,592.72	1,592.72	0.00	1,592.72	0.00
1787062	08/30/11	09/06/11			01	U	1,486.21	1,486.21	0.00	1,486.21	0.00
1789582	09/01/11	09/08/11			01	U	275.99	275.99	0.00	275.99	0.00
1792051	09/06/11	09/13/11			01	U	2,407.37	2,407.37	0.00	2,407.37	0.00
1792238	09/06/11	09/13/11			01	U	166.86	10.62	0.00	10.62	0.00
1793915	09/08/11	09/15/11			01	U	12.08	12.08	0.00	12.08	0.00
1797157	09/23/11	09/30/11			01	U	1.86	1.86	0.00	1.86	0.00
1797683	09/13/11	09/20/11			01	U	1,527.52	1,527.52	0.00	1,527.52	0.00
1800347	09/15/11	09/22/11			01	U	272.12	272.12	0.00	272.12	0.00
1803267	09/20/11	09/27/11			01	U	22.05	22.05	0.00	22.05	0.00
1803654	09/20/11	09/27/11			01	U	2,433.79	2,433.79	0.00	2,433.79	0.00
1809587	09/27/11	10/04/11			01	U	1,174.33	1,174.33	0.00	1,174.33	0.00

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1811730	09/29/11	10/06/11			01	U	36.53	36.53	0.00	36.53	0.00
1817084	10/04/11	10/11/11			01	U	21.93	21.93	0.00	21.93	0.00
1817608	10/04/11	10/11/11			01	U	1,662.54	1,662.54	0.00	1,662.54	0.00
1818255	10/06/11	10/13/11			01	U	6.89	6.89	0.00	6.89	0.00
1818709	10/06/11	10/13/11			01	U	97.75	97.75	0.00	97.75	0.00
1821558	10/11/11	10/18/11			01	U	98.28	98.28	0.00	98.28	0.00
1821709	10/11/11	10/18/11			01	U	103.17	103.17	0.00	103.17	0.00
1821976	10/11/11	10/18/11			01	U	1,262.00	1,262.00	0.00	1,262.00	0.00
1828144	10/18/11	11/02/11			01	U	2,268.73	2,268.73	0.00	2,268.73	0.00
1830010	10/20/11	10/27/11			01	U	4.10	4.10	0.00	4.10	0.00
1830103	10/20/11	10/27/11			01	U	4.10	4.10	0.00	4.10	0.00
1830324	10/20/11	10/27/11			01	U	12.31	12.31	0.00	12.31	0.00
1830532	10/20/11	10/27/11			01	U	27.25	27.25	0.00	27.25	0.00
1830533	10/20/11	10/27/11			01	U	36.53	36.53	0.00	36.53	0.00
1830546	10/20/11	10/27/11			01	U	39.33	39.33	0.00	39.33	0.00
1833581	10/19/11	10/26/11			01	U	27.25	27.25	0.00	27.25	0.00
1833583	10/25/11	11/01/11			01	U	49.17	49.17	0.00	49.17	0.00
1833948	10/25/11	11/01/11			01	U	2,379.30	2,379.30	0.00	2,379.30	0.00
1835931	10/27/11	11/03/11			01	U	-88.45	-88.45	0.00	-88.45	0.00
1839245	11/01/11	11/08/11			01	U	67.41	67.41	0.00	67.41	0.00
1839511	10/20/11	10/27/11			01	U	19.60	19.60	0.00	19.60	0.00
1840043A	11/01/11	11/08/11			01	U	1,660.57	1,660.57	0.00	1,660.57	0.00
1841981	11/03/11	11/10/11			01	U	31.56	12.67	0.00	12.67	0.00
1842259	11/03/11	11/10/11			01	U	235.91	235.91	0.00	235.91	0.00
1845348	11/08/11	11/15/11			01	U	98.28	98.28	0.00	98.28	0.00
1846032	11/08/11	11/15/11			01	U	1,794.38	1,794.38	0.00	1,794.38	0.00
1847928	11/10/11	11/17/11			01	U	41.98	41.98	0.00	41.98	0.00
1860448	11/28/11	12/05/11			01	U	3.97	3.97	0.00	3.97	0.00
2014816	06/05/12	06/12/12			01	U	1,500.63	1,462.37	0.00	1,462.37	0.00
Vendor Total:							-14,085.99	-16,413.82	0.00	-16,413.82	0.00
110455	CHRIS PARKS, CRNA										
113010	11/30/10	11/30/10			01	U	637.81	637.81	0.00	637.81	0.00
120110	12/01/10	12/01/10			01	U	240.00	240.00	0.00	240.00	0.00
Vendor Total:							877.81	877.81	0.00	877.81	0.00
110458	PC CONNECTIONS										
45702019	11/17/09	12/17/09			01	U	835.82	835.82	0.00	835.82	0.00
45771735	12/07/09	01/06/10			01	U	104.73	104.73	0.00	104.73	0.00
Vendor Total:							940.55	940.55	0.00	940.55	0.00

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110465	PHA - PETTY CASH - GRANT ACCT										
032012	03/20/12	03/31/12			01	U	309.23	309.23	0.00	309.23	0.00
052511	05/25/11	05/25/11			01	U	174.80	174.80	0.00	174.80	0.00
063011	06/30/11	06/30/11			01	U	133.57	17.96	0.00	17.96	0.00
082411	08/24/11	08/24/11			01	U	341.64	341.64	0.00	341.64	0.00
083111	08/31/11	08/31/11			01	U	-180.70	-180.70	0.00	-180.70	0.00
093011	09/30/11	09/30/11			01	U	-266.19	-266.19	0.00	-266.19	0.00
100110	10/01/10	10/01/10			01	U	2,688.86	2,688.86	0.00	2,688.86	0.00
103111	10/31/11	10/31/11			01	U	1,324.77	1,324.77	0.00	1,324.77	0.00
113011	11/30/11	11/30/11			01	U	-373.61	-373.61	0.00	-373.61	0.00
123111	12/31/11	12/31/11			01	U	519.46	519.46	0.00	519.46	0.00
Vendor Total:							4,671.83	4,556.22	0.00	4,556.22	0.00
110544	SOMERSET CAPITAL GROUP,LTD										
407062	11/30/09	12/05/09			01	U	1,045.09	1,045.09	0.00	1,045.09	0.00
409953	12/15/09	02/01/10			01	U	2,824.89	2,824.89	0.00	2,824.89	0.00
413382	03/01/10	04/15/10			01	U	2,824.89	2,824.89	0.00	2,824.89	0.00
413842	01/14/10	02/28/10			01	U	169.49	169.49	0.00	169.49	0.00
437386	08/04/10	09/18/10			01	U	296.61	296.61	0.00	296.61	0.00
Vendor Total:							7,160.97	7,160.97	0.00	7,160.97	0.00
110545	SOONER COPY MACHINES, INC										
52851	06/07/12	06/07/12			01	U	150.00	-150.00	0.00	-150.00	0.00
Vendor Total:							150.00	-150.00	0.00	-150.00	0.00
110553	STANDLEY SYSTEMS										
184606	11/17/11	12/17/11			01	U	571.09	469.10	0.00	469.10	0.00
184607	11/17/11	12/17/11			01	U	762.44	762.44	0.00	762.44	0.00
209217	03/16/12	03/31/12			01	U	728.34	728.34	0.00	728.34	0.00
209740	03/20/12	04/04/12			01	U	485.20	485.20	0.00	485.20	0.00
INV185847	11/28/11	12/28/11			01	U	213.91	213.91	0.00	213.91	0.00
INV190598	12/16/11	01/15/12			01	U	528.87	528.87	0.00	528.87	0.00
INV190599	12/16/11	01/15/12			01	U	649.35	649.35	0.00	649.35	0.00
INV191482	12/22/11	12/22/11			01	U	326.98	326.98	0.00	326.98	0.00
INV192376	12/28/11	12/28/11			01	U	196.21	196.21	0.00	196.21	0.00
INV196776	01/17/12	02/16/12			01	U	579.83	579.83	0.00	579.83	0.00
INV196777	01/17/12	02/16/12			01	U	658.07	658.07	0.00	658.07	0.00
INV198739	01/27/12	02/26/12			01	U	166.28	166.28	0.00	166.28	0.00
INV203164	02/16/12	03/17/12			01	U	665.67	665.67	0.00	665.67	0.00
INV203408	02/17/12	03/18/12			01	U	532.75	532.75	0.00	532.75	0.00
INV204902	02/28/12	03/29/12			01	U	203.52	203.52	0.00	203.52	0.00
Vendor Total:							7,268.51	7,166.52	0.00	7,166.52	0.00
110555	STAPLES ADVANTAGE										
3162044054	10/01/11	11/15/11			01	U	385.12	5.12	0.00	5.12	0.00
Vendor Total:							385.12	5.12	0.00	5.12	0.00

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110558	STERILMED, INC.										
1032926	06/28/10	07/28/10			01	U	3,723.00	3,723.00	0.00	3,723.00	0.00
1033366	07/01/10	07/31/10			01	U	245.28	245.28	0.00	245.28	0.00
Vendor Total:							3,968.28	3,968.28	0.00	3,968.28	0.00
110559	STERIS CORPORATION										
58137238	10/27/09	10/27/09			01	U	307.50	307.50	0.00	307.50	0.00
Vendor Total:							307.50	307.50	0.00	307.50	0.00
110561	DON STOLZEBACH										
10-0613	06/14/10	06/14/10			01	U	1,168.00	584.00	0.00	584.00	0.00
Vendor Total:							1,168.00	584.00	0.00	584.00	0.00
110565	STRYKER ENDOSCOPY										
3803369-E	05/18/11	06/17/11			01	U	-337.47	-337.47	0.00	-337.47	0.00
Vendor Total:							-337.47	-337.47	0.00	-337.47	0.00
110571	SURGICAL ADVANTAGE										
312537	05/07/09	06/06/09			01	U	133.30	133.30	0.00	133.30	0.00
329923B	01/24/11	02/23/11			01	U	169.88	169.88	0.00	169.88	0.00
330495	02/15/11	03/17/11			01	U	42.80	42.80	0.00	42.80	0.00
582	05/20/09	06/19/09			01	U	-752.55	-752.55	0.00	-752.55	0.00
Vendor Total:							-406.57	-406.57	0.00	-406.57	0.00
110580	ALAN TAYLOR										
013111B	01/31/11	01/31/11			01	U	165.00	165.00	0.00	165.00	0.00
032311	03/23/11	03/23/11			01	U	125.00	125.00	0.00	125.00	0.00
Vendor Total:							290.00	290.00	0.00	290.00	0.00
110593	TRAILBLAZER HEALTH ENTERPRISES										
121710 282	12/17/10	12/17/10			01	U	17,340.45	17,340.45	0.00	17,340.45	0.00
122010 363	12/20/10	12/20/10			01	U	34,115.59	34,115.59	0.00	34,115.59	0.00
Vendor Total:							51,456.04	51,456.04	0.00	51,456.04	0.00
110599	TSG PHYSICIANS										
080811CASH	08/31/11	08/31/11			01	U	3,500.00	3,500.00	0.00	3,500.00	0.00
JUNINTERCO	08/01/11	08/01/11			01	U	1,124.00	1,124.00	0.00	1,124.00	0.00
Vendor Total:							4,624.00	4,624.00	0.00	4,624.00	0.00

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110600	THE T SYSTEM, INC.										
5700244807	09/01/10	10/01/10			01	U	919.00	919.00	0.00	919.00	0.00
5700246553	10/01/10	10/31/10			01	U	919.00	919.00	0.00	919.00	0.00
5700248282	11/01/10	12/01/10			01	U	919.00	919.00	0.00	919.00	0.00
5700250185	12/01/10	12/31/10			01	U	919.00	919.00	0.00	919.00	0.00
5700253996	01/01/11	02/01/11			01	U	919.00	919.00	0.00	919.00	0.00
5700255852	02/01/11	03/03/11			01	U	919.00	919.00	0.00	919.00	0.00
5700258132	03/01/11	04/01/11			01	U	919.00	919.00	0.00	919.00	0.00
5700259980	04/01/11	05/01/11			01	U	919.00	919.00	0.00	919.00	0.00
5700261845	05/01/11	05/31/11			01	U	919.00	919.00	0.00	919.00	0.00
5700263661	06/01/11	07/01/11			01	U	919.00	919.00	0.00	919.00	0.00
Vendor Total:							9,190.00	9,190.00	0.00	9,190.00	0.00
910026	Alcon Laboratories, Inc Acct#100183523										
9658814358	10/13/20	11/12/20			06	U	3,532.92	3,532.92	0.00	3,532.92	0.00
Vendor Total:							3,532.92	3,532.92	0.00	3,532.92	0.00
910053	ANGELICA -DALLAS										
2100290728	10/17/20	10/24/20			06	U	3,025.64	3,025.64	0.00	3,025.64	0.00
2100290729	10/17/20	10/24/20			06	U	501.79	501.79	0.00	501.79	0.00
Vendor Total:							3,527.43	3,527.43	0.00	3,527.43	0.00
910067	AT&T #405.247.5004										
10204052475004	10/19/20	11/09/20			06	U	42.49	42.49	0.00	42.49	0.00
Vendor Total:							42.49	42.49	0.00	42.49	0.00

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910125	Cardinal Health										
595368	10/22/20	10/22/20			06	U	2,417.80	2,417.80	0.00	2,417.80	0.00
595373	10/22/20	10/22/20			06	U	1,333.93	1,333.93	0.00	1,333.93	0.00
595391	10/22/20	10/22/20			06	U	328.74	328.74	0.00	328.74	0.00
597018	10/22/20	10/22/20			06	U	1,720.97	1,720.97	0.00	1,720.97	0.00
597019	10/22/20	10/22/20			06	U	9.08	9.08	0.00	9.08	0.00
600781	10/23/20	10/23/20			06	U	1,713.02	1,713.02	0.00	1,713.02	0.00
600782	10/23/20	10/23/20			06	U	23.87	23.87	0.00	23.87	0.00
601147	10/23/20	10/23/20			06	U	321.30	321.30	0.00	321.30	0.00
601149	10/23/20	10/23/20			06	U	1,380.30	1,380.30	0.00	1,380.30	0.00
557007	10/07/20	10/07/20			06	U	569.77	569.77	0.00	569.77	0.00
568233	10/12/20	10/12/20			06	U	3,449.45	3,449.45	0.00	3,449.45	0.00
568234	10/12/20	10/12/20			06	U	461.30	461.30	0.00	461.30	0.00
568236	10/13/20	10/13/20			06	U	1,380.30	1,380.30	0.00	1,380.30	0.00
572497	10/13/20	10/13/20			06	U	3,152.90	3,152.90	0.00	3,152.90	0.00
572498	10/13/20	10/13/20			06	U	8.44	8.44	0.00	8.44	0.00
585384	10/19/20	10/19/20			06	U	1,713.16	1,713.16	0.00	1,713.16	0.00
585385	10/19/20	10/19/20			06	U	14.83	14.83	0.00	14.83	0.00
585386	10/19/20	10/19/20			06	U	1.50	1.50	0.00	1.50	0.00
586130	10/19/20	10/19/20			06	U	1,412.17	1,412.17	0.00	1,412.17	0.00
586131	10/19/20	10/19/20			06	U	148.30	148.30	0.00	148.30	0.00
586753	10/19/20	10/19/20			06	U	103.82	103.82	0.00	103.82	0.00
590294	10/20/20	10/20/20			06	U	963.62	963.62	0.00	963.62	0.00
590295	10/20/20	10/20/20			06	U	384.63	384.63	0.00	384.63	0.00
Vendor Total:							23,013.20	23,013.20	0.00	23,013.20	0.00
910166	CULLIGAN WATER CONDITIONING										
35502	10/25/20	11/24/20			06	U	186.14	186.14	0.00	186.14	0.00
Vendor Total:							186.14	186.14	0.00	186.14	0.00
910198	EMPIRE PAPER COMPANY INC										
0606357	10/22/20	11/21/20			06	U	507.13	507.13	0.00	507.13	0.00
Vendor Total:							507.13	507.13	0.00	507.13	0.00
910209	FISHER HEALTHCARE										
1461048	10/20/20	11/19/20			06	U	60.21	60.21	0.00	60.21	0.00
1262368	10/16/20	11/15/20			06	U	182.83	182.83	0.00	182.83	0.00
Vendor Total:							243.04	243.04	0.00	243.04	0.00
910219	FIRST PHYSICIANS REALTY GROUP										
TAX2012	02/28/13	03/30/13			01	U	15,002.79	15,002.79	0.00	15,002.79	0.00
2013TAX	01/29/14	01/29/14			01	U	14,374.00	14,374.00	0.00	14,374.00	0.00
042315-PHA	04/23/15	04/23/15			01	U	13,309.36	13,309.36	0.00	13,309.36	0.00
Vendor Total:							42,686.15	42,686.15	0.00	42,686.15	0.00

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910373	MEDLINE INDUSTRIES, INC.										
1927819261	10/17/20	11/16/20			06	U	26.99	26.99	0.00	26.99	0.00
1927819262	10/17/20	11/16/20			06	U	9,937.13	9,937.13	0.00	9,937.13	0.00
1928062726	10/20/20	11/19/20			06	U	69.82	69.82	0.00	69.82	0.00
1928344393	10/22/20	11/21/20			06	U	394.16	394.16	0.00	394.16	0.00
1928541880	10/23/20	11/22/20			06	U	117.52	117.52	0.00	117.52	0.00
1927819264	10/17/20	11/16/20			06	U	143.24	143.24	0.00	143.24	0.00
1928226307	10/21/20	11/20/20			06	U	35.73	35.73	0.00	35.73	0.00
1927000488	10/10/20	11/09/20			06	U	10.91	10.91	0.00	10.91	0.00
1927000489	10/10/20	11/09/20			06	U	18.18	18.18	0.00	18.18	0.00
1927000490	10/10/20	11/09/20			06	U	19.40	19.40	0.00	19.40	0.00
1927234687	10/13/20	11/12/20			06	U	105.39	105.39	0.00	105.39	0.00
1927234689	10/13/20	11/12/20			06	U	17.61	17.61	0.00	17.61	0.00
Vendor Total:							10,896.08	10,896.08	0.00	10,896.08	0.00
910419	OFFICE DEPOT, INC.										
117273950001	08/20/20	09/19/20			06	U	271.22	271.22	0.00	271.22	0.00
117379801001	08/20/20	09/19/20			06	U	190.86	190.86	0.00	190.86	0.00
117273974001	08/20/20	09/19/20			06	U	-271.22	-271.22	0.00	-271.22	0.00
117379953001	08/20/20	09/19/20			06	U	-190.86	-190.86	0.00	-190.86	0.00
130999302001	10/19/20	11/18/20			06	U	217.28	217.28	0.00	217.28	0.00
131039420001	10/19/20	11/18/20			06	U	304.96	304.96	0.00	304.96	0.00
131044831001	10/19/20	11/18/20			06	U	259.23	259.23	0.00	259.23	0.00
131114659001	10/19/20	11/18/20			06	U	314.09	314.09	0.00	314.09	0.00
131125283001	10/19/20	11/18/20			06	U	2.28	2.28	0.00	2.28	0.00
131126171001	10/19/20	11/18/20			06	U	2.27	2.27	0.00	2.27	0.00
131042396001	10/19/20	10/26/20			06	U	54.73	54.73	0.00	54.73	0.00
131011200001	10/19/20	11/18/20			06	U	-217.28	-217.28	0.00	-217.28	0.00
131040426001	10/19/20	11/18/20			06	U	-304.96	-304.96	0.00	-304.96	0.00
131043245001	10/19/20	11/18/20			06	U	-54.73	-54.73	0.00	-54.73	0.00
131054775001	10/19/20	11/18/20			06	U	-259.23	-259.23	0.00	-259.23	0.00
131115056001	10/19/20	11/18/20			06	U	-314.09	-314.09	0.00	-314.09	0.00
131126534001	10/19/20	11/18/20			06	U	-2.28	-2.28	0.00	-2.28	0.00
131127297001	10/19/20	11/18/20			06	U	-2.27	-2.27	0.00	-2.27	0.00
Vendor Total:							0.00	0.00	0.00	0.00	0.00
910432	OKLAHOMA NATURAL GAS COMPANY										
1020139350982	10/14/20	10/29/20			06	U	97.15	97.15	0.00	97.15	0.00
Vendor Total:							97.15	97.15	0.00	97.15	0.00
910433	OKLAHOMA NATURAL GAS COMPANY										
1020139351000	10/14/20	10/29/20			06	U	37.19	37.19	0.00	37.19	0.00
Vendor Total:							37.19	37.19	0.00	37.19	0.00
910436	OKLAHOMA NATURAL GAS COMPANY										
1020208356382	10/14/20	10/29/20			06	U	41.76	41.76	0.00	41.76	0.00
Vendor Total:							41.76	41.76	0.00	41.76	0.00

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910437	OKLAHOMA NATURAL GAS CO										
1020208356400	10/14/20	10/29/20			06	U	41.06	41.06	0.00	41.06	0.00
1020139350864	10/14/20	10/29/20			06	U	292.28	292.28	0.00	292.28	0.00
Vendor Total:							333.34	333.34	0.00	333.34	0.00
910452	OWENS and MINOR										
2059557614	10/13/20	10/28/20			06	U	131.24	131.24	0.00	131.24	0.00
2059557653	10/13/20	10/28/20			06	U	121.63	121.63	0.00	121.63	0.00
2059557654	10/13/20	10/28/20			06	U	108.01	108.01	0.00	108.01	0.00
2059455571	10/08/20	10/23/20			06	U	89.31	89.31	0.00	89.31	0.00
2059383829	10/06/20	10/21/20			06	U	1,157.41	1,157.41	0.00	1,157.41	0.00
Vendor Total:							1,607.60	1,607.60	0.00	1,607.60	0.00
910557	STERICYCLE, INC										
4009672351	11/01/20	12/01/20			06	U	3,919.00	3,919.00	0.00	3,919.00	0.00
Vendor Total:							3,919.00	3,919.00	0.00	3,919.00	0.00
910569	SUDDENLINK (-708068901)										
1020104675013	10/21/20	11/05/20			06	U	162.46	162.46	0.00	162.46	0.00
Vendor Total:							162.46	162.46	0.00	162.46	0.00
910606	US FOOD SERVICE										
4228214	10/16/20	10/31/20			06	U	2,713.32	2,713.32	0.00	2,713.32	0.00
4128236	10/10/20	10/25/20			06	U	32.95	32.95	0.00	32.95	0.00
4289364	10/20/20	11/04/20			06	U	1,701.94	1,701.94	0.00	1,701.94	0.00
4173943	10/13/20	10/28/20			06	U	2,952.17	2,952.17	0.00	2,952.17	0.00
5934813	10/19/20	11/03/20			06	U	-33.07	-33.07	0.00	-33.07	0.00
Vendor Total:							7,367.31	7,367.31	0.00	7,367.31	0.00
910645	GRAINGER										
9685235955	10/15/20	11/14/20			06	U	134.35	134.35	0.00	134.35	0.00
9662925644	09/23/20	10/23/20			06	U	-551.90	-551.90	0.00	-551.90	0.00
Vendor Total:							-417.55	-417.55	0.00	-417.55	0.00
910656	SIZEWISE RENTALS										
CD99162550	10/06/20	11/05/20			06	U	1,171.65	1,171.65	0.00	1,171.65	0.00
CD99163037	10/07/20	11/06/20			06	U	339.73	339.73	0.00	339.73	0.00
CD99166828	10/12/20	11/11/20			06	U	52.56	52.56	0.00	52.56	0.00
CD99166829	10/12/20	11/11/20			06	U	941.87	941.87	0.00	941.87	0.00
CD99166830	10/12/20	11/11/20			06	U	151.37	151.37	0.00	151.37	0.00
CD99172480	10/19/20	11/18/20			06	U	217.60	217.60	0.00	217.60	0.00
CD99172481	10/19/20	11/18/20			06	U	262.80	262.80	0.00	262.80	0.00
Vendor Total:							3,137.58	3,137.58	0.00	3,137.58	0.00
910660	ALIMED, INC.										
RPSV03449587	10/19/20	11/03/20			06	U	101.02	101.02	0.00	101.02	0.00
Vendor Total:							101.02	101.02	0.00	101.02	0.00

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910672	OKLAHOMA DEPT OF LABOR										
10192020	10/21/20	11/20/20			06	U	100.00	100.00	0.00	100.00	0.00
Vendor Total:							100.00	100.00	0.00	100.00	0.00
910695	HEALTHLAND										
L2010087198	10/08/20	10/08/20			06	U	12,931.43	12,931.43	0.00	12,931.43	0.00
L2010157198	10/15/20	10/15/20			06	U	1,275.00	1,275.00	0.00	1,275.00	0.00
Vendor Total:							14,206.43	14,206.43	0.00	14,206.43	0.00
910703	ONE CURA WELLNESS (WIRE ONLY)										
OCW090120	08/31/20	08/31/20			06	U	62,500.00	62,500.00	0.00	62,500.00	0.00
OCW100120	10/01/20	10/01/20			06	U	62,500.00	62,500.00	0.00	62,500.00	0.00
OCW060120	05/26/20	05/26/20			06	U	62,500.00	62,500.00	0.00	62,500.00	0.00
OCW070120	06/30/20	06/30/20			06	U	62,500.00	62,500.00	0.00	62,500.00	0.00
OCW080120	07/30/20	07/30/20			06	U	62,500.00	62,500.00	0.00	62,500.00	0.00
OWC033120	03/31/20	03/31/20			06	U	62,500.00	62,500.00	0.00	62,500.00	0.00
OCW050120	04/30/20	04/30/20			06	U	62,500.00	62,500.00	0.00	62,500.00	0.00
Vendor Total:							437,500.00	437,500.00	0.00	437,500.00	0.00
910725	AMERIPATH OKLAHOMA CITY										
20200927	09/27/20	10/27/20			06	U	1,944.20	1,944.20	0.00	1,944.20	0.00
Vendor Total:							1,944.20	1,944.20	0.00	1,944.20	0.00
910733	Hill-Rom										
1157447	10/13/20	11/12/20			06	U	465.38	465.38	0.00	465.38	0.00
2332241	10/31/20	11/30/20			06	U	410.63	410.63	0.00	410.63	0.00
2334122	10/31/20	11/30/20			06	U	679.34	679.34	0.00	679.34	0.00
2335819	10/31/20	11/30/20			06	U	2,939.20	2,939.20	0.00	2,939.20	0.00
2342603	10/31/20	11/30/20			06	U	1,380.80	1,380.80	0.00	1,380.80	0.00
2343791	10/31/20	11/30/20			06	U	881.47	881.47	0.00	881.47	0.00
2345569	10/31/20	11/30/20			06	U	251.85	251.85	0.00	251.85	0.00
Vendor Total:							7,008.67	7,008.67	0.00	7,008.67	0.00
910739	Tri-anim Health Services										
64269245	10/16/20	11/15/20			06	U	160.10	160.10	0.00	160.10	0.00
Vendor Total:							160.10	160.10	0.00	160.10	0.00
910866	KCI USA										
29800361	10/16/20	11/15/20			06	U	960.15	960.15	0.00	960.15	0.00
29803466	10/16/20	11/15/20			06	U	960.15	960.15	0.00	960.15	0.00
29828696	10/15/20	11/14/20			06	U	1,280.20	1,280.20	0.00	1,280.20	0.00
29801053	10/19/20	11/18/20			06	U	320.05	320.05	0.00	320.05	0.00
29815609	10/25/20	11/24/20			06	U	192.03	192.03	0.00	192.03	0.00
29827661	10/29/20	11/28/20			06	U	704.11	704.11	0.00	704.11	0.00
Vendor Total:							4,416.69	4,416.69	0.00	4,416.69	0.00

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910874	Smith & Son Building Center										
1069164	10/20/20	10/20/20			06	U	46.74	46.74	0.00	46.74	0.00
1069338	10/21/20	10/21/20			06	U	43.05	43.05	0.00	43.05	0.00
1069441	10/22/20	10/22/20			06	U	18.59	18.59	0.00	18.59	0.00
Vendor Total:							108.38	108.38	0.00	108.38	0.00
910914	GRADY MEMORIAL HOSPITAL										
G001227536	10/21/20	11/20/20			06	U	6,495.00	6,495.00	0.00	6,495.00	0.00
Vendor Total:							6,495.00	6,495.00	0.00	6,495.00	0.00
910944	ULINE										
125244434	10/08/20	11/07/20			06	U	588.98	588.98	0.00	588.98	0.00
Vendor Total:							588.98	588.98	0.00	588.98	0.00
910961	E.T.C (Elaine's Transportation Co)										
99714	10/15/20	10/15/20			06	U	562.00	562.00	0.00	562.00	0.00
99715	10/15/20	10/15/20			06	U	865.00	865.00	0.00	865.00	0.00
99725	10/20/20	10/20/20			06	U	840.00	840.00	0.00	840.00	0.00
99718	10/16/20	10/16/20			06	U	420.00	420.00	0.00	420.00	0.00
99719	10/16/20	10/16/20			06	U	390.00	390.00	0.00	390.00	0.00
99721	10/19/20	10/19/20			06	U	1,195.00	1,195.00	0.00	1,195.00	0.00
99726	10/20/20	10/20/20			06	U	726.00	726.00	0.00	726.00	0.00
Vendor Total:							4,998.00	4,998.00	0.00	4,998.00	0.00
911087	ENCORE ENERGY SERVICES , INC										
0036807-0	10/09/20	10/09/20			06	U	589.73	589.73	0.00	589.73	0.00
Vendor Total:							589.73	589.73	0.00	589.73	0.00
911098	Anesthesia Service										
71620	10/19/20	11/18/20			06	U	121.17	121.17	0.00	121.17	0.00
Vendor Total:							121.17	121.17	0.00	121.17	0.00
911101	Fujifilm Medical Systems Endoscopy Divis										
91061822	09/17/20	10/17/20			06	U	506.17	506.17	0.00	506.17	0.00
Vendor Total:							506.17	506.17	0.00	506.17	0.00
911106	EPIMED										
37063-USA	10/12/20	11/11/20			06	U	131.67	131.67	0.00	131.67	0.00
Vendor Total:							131.67	131.67	0.00	131.67	0.00
911111	PRECISION LENS										
070277401	10/16/20	11/15/20			06	U	824.00	824.00	0.00	824.00	0.00
Vendor Total:							824.00	824.00	0.00	824.00	0.00
911115	GLAUKOS CORPORATION										
10010014785	10/06/20	11/05/20			06	U	27,264.00	27,264.00	0.00	27,264.00	0.00
Vendor Total:							27,264.00	27,264.00	0.00	27,264.00	0.00
911121	ABBOTT DIABETES CARE SALES CORP										
612836329	10/15/20	11/14/20			06	U	2,697.63	2,697.63	0.00	2,697.63	0.00
Vendor Total:							2,697.63	2,697.63	0.00	2,697.63	0.00

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911125	COOK MEDICAL										
V20154468	10/12/20	11/11/20			06	U	318.12	318.12	0.00	318.12	0.00
Vendor Total:							318.12	318.12	0.00	318.12	0.00
911160	J & J Health Care Systems, Inc.										
923402019	10/06/20	11/05/20			06	U	401.19	401.19	0.00	401.19	0.00
Vendor Total:							401.19	401.19	0.00	401.19	0.00
911175	MATHESON TRI GAS, INC										
22471071	10/19/20	11/18/20			06	U	1,984.47	1,984.47	0.00	1,984.47	0.00
Vendor Total:							1,984.47	1,984.47	0.00	1,984.47	0.00
911182	Akerman LLP										
9591859	08/11/20	08/11/20			06	U	39,213.56	39,213.56	0.00	39,213.56	0.00
9591852	08/11/20	08/11/20			06	U	11,324.50	11,324.50	0.00	11,324.50	0.00
9584740	07/14/20	07/14/20			06	U	16,672.90	16,672.90	0.00	16,672.90	0.00
9584745	07/14/20	07/14/20			06	U	225.00	225.00	0.00	225.00	0.00
9584744	07/14/20	07/14/20			06	U	15,691.00	15,691.00	0.00	15,691.00	0.00
9577199	06/15/20	06/15/20			06	U	12,613.75	12,613.75	0.00	12,613.75	0.00
9568452	05/18/20	05/18/20			06	U	58,650.00	58,650.00	0.00	58,650.00	0.00
9553569	04/07/20	04/07/20			06	U	104,075.08	104,075.08	0.00	104,075.08	0.00
9544610	03/10/20	03/10/20			06	U	88,216.23	88,216.23	0.00	88,216.23	0.00
9538839	02/18/20	02/18/20			06	U	121,849.47	121,849.47	0.00	121,849.47	0.00
9602687	09/10/20	09/10/20			06	U	16,723.29	16,723.29	0.00	16,723.29	0.00
9530966	01/24/20	01/24/20			06	U	114,804.91	114,804.91	0.00	114,804.91	0.00
Vendor Total:							600,059.69	600,059.69	0.00	600,059.69	0.00
911205	HENRY SCHEIN										
84153829	10/12/20	11/11/20			06	U	62.03	62.03	0.00	62.03	0.00
84387547	10/14/20	11/13/20			06	U	225.81	225.81	0.00	225.81	0.00
84721173	10/19/20	11/18/20			06	U	567.51	567.51	0.00	567.51	0.00
84555134	10/14/20	11/13/20			06	U	195.19	195.19	0.00	195.19	0.00
84721171	10/21/20	11/20/20			06	U	27.34	27.34	0.00	27.34	0.00
84847554	10/21/20	11/20/20			06	U	6,630.88	6,630.88	0.00	6,630.88	0.00
Vendor Total:							7,708.76	7,708.76	0.00	7,708.76	0.00
911206	THE HOME DEPOT PRO										
579788340	10/20/20	11/19/20			06	U	310.10	310.10	0.00	310.10	0.00
579788357	10/20/20	11/19/20			06	U	60.53	60.53	0.00	60.53	0.00
579788365	10/20/20	11/19/20			06	U	557.37	557.37	0.00	557.37	0.00
578179020	10/12/20	11/11/20			06	U	65.57	65.57	0.00	65.57	0.00
578439937	10/13/20	11/12/20			06	U	107.79	107.79	0.00	107.79	0.00
578439929	10/13/20	11/12/20			06	U	353.98	353.98	0.00	353.98	0.00
578439945	10/13/20	11/12/20			06	U	77.31	77.31	0.00	77.31	0.00
Vendor Total:							1,532.65	1,532.65	0.00	1,532.65	0.00
911213	FIRST CHOICE COFFEE SERVICES										
298189	10/19/20	10/29/20			06	U	293.63	293.63	0.00	293.63	0.00
Vendor Total:							293.63	293.63	0.00	293.63	0.00

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911215	MEDTRONIC USA INC										
2551460129	10/13/20	11/12/20			06	U	-17,892.30	-17,892.30	0.00	-17,892.30	0.00
Vendor Total:							-17,892.30	-17,892.30	0.00	-17,892.30	0.00
911240	Smith & Nephew										
929616912	10/19/20	11/18/20			06	U	2,210.38	2,210.38	0.00	2,210.38	0.00
929617625	10/19/20	11/18/20			06	U	1,320.03	1,320.03	0.00	1,320.03	0.00
Vendor Total:							3,530.41	3,530.41	0.00	3,530.41	0.00
911256	ORGANOGENESIS INC										
SI00963374	10/12/20	11/11/20			06	U	3,750.00	3,750.00	0.00	3,750.00	0.00
SI00963416	10/12/20	11/11/20			06	U	450.00	450.00	0.00	450.00	0.00
Vendor Total:							4,200.00	4,200.00	0.00	4,200.00	0.00

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911257	First Physicians Resources-Anadarko										
0000168-IN	10/25/20	11/24/20			06	U	993,087.20	993,087.20	0.00	993,087.20	0.00
0000159-IN	07/31/20	08/30/20			06	U	1,181,283.98	1,181,283.98	0.00	1,181,283.98	0.00
0000165-IN	09/30/20	10/30/20			06	U	1,231,157.26	1,231,157.26	0.00	1,231,157.26	0.00
0000052-IN	06/30/18	07/10/18			06	U	10,937.54	10,937.54	0.00	10,937.54	0.00
0000053-IN	06/30/18	07/30/18			06	U	8,572.06	8,572.06	0.00	8,572.06	0.00
0000054-IN	06/30/18	07/30/18			06	U	438,645.14	438,645.14	0.00	438,645.14	0.00
0000063-IN	07/14/18	08/13/18			06	U	469,668.43	469,668.43	0.00	469,668.43	0.00
0000065-IN	07/31/18	08/30/18			06	U	17,391.80	17,391.80	0.00	17,391.80	0.00
0000066-IN	07/31/18	08/30/18			06	U	3,223.58	3,223.58	0.00	3,223.58	0.00
0000067-IN	07/31/18	08/30/18			06	U	455,737.75	455,737.75	0.00	455,737.75	0.00
0000050-IN	06/16/18	07/16/18			06	U	430,374.34	430,374.34	0.00	430,374.34	0.00
0000051-IN	06/30/18	07/30/18			06	U	3,597.92	3,597.92	0.00	3,597.92	0.00
0000069-IN	08/11/18	09/10/18			06	U	472,921.56	472,921.56	0.00	472,921.56	0.00
0000071-IN	08/25/18	09/24/18			06	U	467,805.43	467,805.43	0.00	467,805.43	0.00
0000073-IN	08/31/18	09/30/18			06	U	22,764.26	22,764.26	0.00	22,764.26	0.00
0000074-IN	09/08/18	10/08/18			06	U	477,237.24	477,237.24	0.00	477,237.24	0.00
0000112-IN	04/30/19	05/30/19			06	U	1,188,891.32	1,188,891.32	0.00	1,188,891.32	0.00
0000116-IN	05/31/19	06/30/19			06	U	1,221,790.67	1,221,790.67	0.00	1,221,790.67	0.00
0000120-IN	06/30/19	07/30/19			06	U	1,066,823.02	1,066,823.02	0.00	1,066,823.02	0.00
0000086-IN	11/17/18	12/17/18			06	U	478,036.77	478,036.77	0.00	478,036.77	0.00
0000108-IN	03/31/19	04/30/19			06	U	1,048,617.40	1,048,617.40	0.00	1,048,617.40	0.00
0000076-IN	09/30/18	10/30/18			06	U	456,414.10	456,414.10	0.00	456,414.10	0.00
0000078-IN	09/30/18	10/30/18			06	U	6,493.06	6,493.06	0.00	6,493.06	0.00
0000083-IN	10/31/18	11/30/18			06	U	2,385.00	2,385.00	0.00	2,385.00	0.00
0000081-IN	10/31/18	11/30/18			06	U	456,867.30	456,867.30	0.00	456,867.30	0.00
0000079-IN	10/06/18	11/05/18			06	U	478,045.25	478,045.25	0.00	478,045.25	0.00
0000084-IN	11/03/18	12/03/18			06	U	478,678.42	478,678.42	0.00	478,678.42	0.00
0000088-IN	11/30/18	12/30/18			06	U	4,642.86	4,642.86	0.00	4,642.86	0.00
0000099-IN	01/31/19	03/02/19			06	U	11,364.16	11,364.16	0.00	11,364.16	0.00
0000091-INV	10/31/18	11/30/18			06	U	79,412.00	79,412.00	0.00	79,412.00	0.00
0000094-INV	11/30/18	12/30/18			06	U	57,177.87	57,177.87	0.00	57,177.87	0.00
0000089-INV	12/31/18	01/30/19			06	U	1,115,635.94	1,115,635.94	0.00	1,115,635.94	0.00
0000098-INV	01/31/19	03/02/19			06	U	1,151,214.86	1,151,214.86	0.00	1,151,214.86	0.00
0000096-INV	12/31/18	01/30/19			06	U	60,481.00	60,481.00	0.00	60,481.00	0.00
0000105-IN	02/28/19	03/30/19			06	U	1,218,916.45	1,218,916.45	0.00	1,218,916.45	0.00
0000133-IN	11/30/19	12/30/19			06	U	1,127,382.47	1,127,382.47	0.00	1,127,382.47	0.00
0000137-IN	12/31/19	01/30/20			06	U	1,167,799.19	1,167,799.19	0.00	1,167,799.19	0.00
0000139-IN	01/31/20	03/01/20			06	U	1,229,355.07	1,229,355.07	0.00	1,229,355.07	0.00
0000123-IN	07/31/19	08/30/19			06	U	1,209,151.73	1,209,151.73	0.00	1,209,151.73	0.00
0000129-IN	09/30/19	10/30/19			06	U	1,219,821.62	1,219,821.62	0.00	1,219,821.62	0.00
0000313-IN	10/31/19	11/30/19			06	U	1,021,571.93	1,021,571.93	0.00	1,021,571.93	0.00
0000146-IN	02/29/20	03/30/20			06	U	1,169,300.45	1,169,300.45	0.00	1,169,300.45	0.00
0000148-IN	03/31/20	04/30/20			06	U	1,260,246.20	1,260,246.20	0.00	1,260,246.20	0.00
0000126-IN	08/31/19	09/30/19			06	U	1,030,260.31	1,030,260.31	0.00	1,030,260.31	0.00

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0000150-IN	04/30/20	05/30/20			06	U	1,228,710.98	1,228,710.98	0.00	1,228,710.98	0.00
0000153-IN	05/31/20	06/30/20			06	U	1,200,242.28	1,200,242.28	0.00	1,200,242.28	0.00
0000156-IN	06/30/20	07/30/20			06	U	1,216,160.43	1,216,160.43	0.00	1,216,160.43	0.00
0000162-IN	08/31/20	09/30/20			06	U	1,211,431.41	1,211,431.41	0.00	1,211,431.41	0.00
Vendor Total:							32,557,727.01	32,557,727.01	0.00	32,557,727.01	0.00
911258	First Physicians Business Solutions-PHA										
0000073-IN	06/30/20	07/30/20			06	U	1,389,917.86	1,389,917.86	0.00	1,389,917.86	0.00
0000075-IN	07/31/20	08/30/20			06	U	1,553,929.50	1,553,929.50	0.00	1,553,929.50	0.00
0000071-IN	05/31/20	06/30/20			06	U	1,108,155.01	1,108,155.01	0.00	1,108,155.01	0.00
0000052-IN	08/31/19	09/30/19			06	U	1,185,873.01	1,185,873.01	0.00	1,185,873.01	0.00
0000069-IN	04/30/20	05/30/20			06	U	1,708,137.85	1,708,137.85	0.00	1,708,137.85	0.00
0000065-IN	02/29/20	03/30/20			06	U	1,270,947.51	1,270,947.51	0.00	1,270,947.51	0.00
0000067-IN	03/31/20	04/30/20			06	U	1,287,307.66	1,287,307.66	0.00	1,287,307.66	0.00
0000059-IN	11/30/19	12/30/19			06	U	1,156,841.23	1,156,841.23	0.00	1,156,841.23	0.00
0000054-IN	09/30/19	10/30/19			06	U	1,529,662.22	1,529,662.22	0.00	1,529,662.22	0.00
0000056-IN	09/30/19	10/30/19			06	U	-100,000.00	-100,000.00	0.00	-100,000.00	0.00
0000057-IN	10/31/19	11/30/19			06	U	1,746,683.67	1,746,683.67	0.00	1,746,683.67	0.00
0000061-IN	12/31/19	01/30/20			06	U	1,265,491.34	1,265,491.34	0.00	1,265,491.34	0.00
0000063-IN	01/31/20	03/01/20			06	U	1,591,597.78	1,591,597.78	0.00	1,591,597.78	0.00
0000040-IN	02/28/19	03/30/19			06	U	1,056,117.60	1,056,117.60	0.00	1,056,117.60	0.00
0000030-IN	10/31/18	11/30/18			06	U	321,292.34	321,292.34	0.00	321,292.34	0.00
0000031-IN	10/31/18	11/30/18			06	U	974,339.41	974,339.41	0.00	974,339.41	0.00
0000042-IN	03/31/19	04/30/19			06	U	1,067,489.08	1,067,489.08	0.00	1,067,489.08	0.00
0000034-IN	01/31/19	03/02/19			06	U	1,448,418.04	1,448,418.04	0.00	1,448,418.04	0.00
0000033-IN	12/31/18	01/30/19			06	U	1,224,677.22	1,224,677.22	0.00	1,224,677.22	0.00
0000032-IN	11/30/18	12/30/18			06	U	1,017,690.20	1,017,690.20	0.00	1,017,690.20	0.00
0000048-IN	06/30/19	07/30/19			06	U	1,553,487.33	1,553,487.33	0.00	1,553,487.33	0.00
0000050-IN	07/31/19	08/30/19			06	U	1,731,487.91	1,731,487.91	0.00	1,731,487.91	0.00
0000044-IN	04/30/19	05/30/19			06	U	1,817,831.95	1,817,831.95	0.00	1,817,831.95	0.00
0000046-IN	05/31/19	06/30/19			06	U	1,892,149.02	1,892,149.02	0.00	1,892,149.02	0.00
0000029-IN	09/30/18	10/30/18			06	U	659,514.11	659,514.11	0.00	659,514.11	0.00
0000028-IN	09/30/18	10/30/18			06	U	321,292.34	321,292.34	0.00	321,292.34	0.00
0000027-IN	08/31/18	08/31/18			06	U	705,452.87	705,452.87	0.00	705,452.87	0.00
0000023-IN	06/30/18	07/30/18			06	U	530,411.06	530,411.06	0.00	530,411.06	0.00
0000025-IN	07/31/18	08/30/18			06	U	1,056,399.11	1,056,399.11	0.00	1,056,399.11	0.00
0000026-IN	08/23/18	09/22/18			06	U	321,292.34	321,292.34	0.00	321,292.34	0.00
0000024-IN	07/31/18	08/30/18			06	U	321,292.34	321,292.34	0.00	321,292.34	0.00
0000022-IN	06/30/18	07/30/18			06	U	321,292.34	202,473.31	0.00	202,473.31	0.00
0000079-IN	09/30/20	10/30/20			06	U	1,512,708.66	1,512,708.66	0.00	1,512,708.66	0.00
0000077-IN	08/31/20	09/30/20			06	U	1,518,835.58	1,518,835.58	0.00	1,518,835.58	0.00
0000081-IN	10/25/20	11/24/20			06	U	1,515,068.65	1,515,068.65	0.00	1,515,068.65	0.00
0000083-IN	10/25/20	11/24/20			06	U	1,380,575.99	1,380,575.99	0.00	1,380,575.99	0.00
Vendor Total:							40,963,660.13	40,844,841.10	0.00	40,844,841.10	0.00

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911259	First Physicians Services-Anadarko										
0000053-IN	10/25/20	11/24/20			06	U	1,689,683.21	1,689,683.21	0.00	1,689,683.21	0.00
0000051-IN	10/25/20	11/24/20			06	U	1,856,293.53	1,856,293.53	0.00	1,856,293.53	0.00
0000050-IN	09/30/20	10/30/20			06	U	1,847,156.69	1,847,156.69	0.00	1,847,156.69	0.00
0000034-IN	05/31/19	06/30/19			06	U	2,273,523.96	2,273,523.96	0.00	2,273,523.96	0.00
0000033-IN	04/30/19	05/30/19			06	U	2,088,549.05	2,088,549.05	0.00	2,088,549.05	0.00
0000036-IN	07/31/19	08/30/19			06	U	2,074,496.00	2,074,496.00	0.00	2,074,496.00	0.00
0000035-IN	06/30/19	07/30/19			06	U	1,853,987.83	1,853,987.83	0.00	1,853,987.83	0.00
0000028-IN	12/31/18	01/30/19			06	U	1,446,655.90	1,446,655.90	0.00	1,446,655.90	0.00
0000030-IN	01/31/19	03/02/19			06	U	1,692,857.21	1,692,857.21	0.00	1,692,857.21	0.00
0000032-IN	03/31/19	04/30/19			06	U	1,251,930.28	1,251,930.28	0.00	1,251,930.28	0.00
0000027-IN	11/30/18	12/30/18			06	U	1,190,239.15	1,190,239.15	0.00	1,190,239.15	0.00
0000031-IN	02/28/19	03/30/19			06	U	1,237,843.23	1,237,843.23	0.00	1,237,843.23	0.00
0000043-IN	02/29/20	03/30/20			06	U	1,547,661.52	1,547,661.52	0.00	1,547,661.52	0.00
0000041-IN	12/31/19	01/30/20			06	U	1,540,902.40	1,540,902.40	0.00	1,540,902.40	0.00
0000042-IN	01/31/20	03/01/20			06	U	1,913,914.88	1,913,914.88	0.00	1,913,914.88	0.00
0000039-IN	10/31/19	11/30/19			06	U	2,137,006.34	2,137,006.34	0.00	2,137,006.34	0.00
0000040-IN	11/30/19	12/30/19			06	U	1,406,305.99	1,406,305.99	0.00	1,406,305.99	0.00
0000038-IN	09/30/19	10/30/19			06	U	1,824,473.14	1,824,473.14	0.00	1,824,473.14	0.00
0000044-IN	03/31/20	04/30/20			06	U	1,567,928.58	1,567,928.58	0.00	1,567,928.58	0.00
0000037-IN	08/31/19	09/30/19			06	U	1,398,584.99	1,398,584.99	0.00	1,398,584.99	0.00
0000045-IN	04/30/20	05/30/20			06	U	1,996,345.09	1,996,345.09	0.00	1,996,345.09	0.00
0000046-IN	05/31/20	06/30/20			06	U	1,345,993.22	1,345,993.22	0.00	1,345,993.22	0.00
0000047-IN	06/30/20	07/30/20			06	U	1,695,042.72	1,695,042.72	0.00	1,695,042.72	0.00
0000048-IN	07/31/20	08/30/20			06	U	1,898,221.31	1,898,221.31	0.00	1,898,221.31	0.00
0000049-IN	08/31/20	09/30/20			06	U	1,854,746.79	1,854,746.79	0.00	1,854,746.79	0.00
Vendor Total:							42,630,343.01	42,630,343.01	0.00	42,630,343.01	0.00
911263	IPRGS, P.C.										
OCT2020DRTU	10/31/20	10/31/20			06	U	5,645.16	5,645.16	0.00	5,645.16	0.00
Vendor Total:							5,645.16	5,645.16	0.00	5,645.16	0.00
911267	ABBOTT POINT OF CARE										
612849824	10/19/20	11/18/20			06	U	2,919.55	2,919.55	0.00	2,919.55	0.00
Vendor Total:							2,919.55	2,919.55	0.00	2,919.55	0.00
911282	DYNAMIC INFUSION THERAPY,INC										
89241	10/15/20	11/29/20			06	U	1,795.00	1,795.00	0.00	1,795.00	0.00
87281	09/30/20	11/14/20			06	U	1,570.00	1,570.00	0.00	1,570.00	0.00
Vendor Total:							3,365.00	3,365.00	0.00	3,365.00	0.00
911283	THARA DAMODARAN, MD LLC										
SEPT2020DRTHA RA	10/24/20	10/24/20			06	U	1,575.00	1,575.00	0.00	1,575.00	0.00
Vendor Total:							1,575.00	1,575.00	0.00	1,575.00	0.00

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911290	STROUD REGIONAL MEDICAL CENTER										
WF090320	09/03/20	09/03/20			06	U	457.17	457.17	0.00	457.17	0.00
WF-9012020	09/01/20	09/01/20			06	U	159.33	159.33	0.00	159.33	0.00
WF100320	10/03/20	10/03/20			06	U	457.17	457.17	0.00	457.17	0.00
WF-10012020	10/01/20	10/01/20			06	U	159.33	159.33	0.00	159.33	0.00
Vendor Total:							1,233.00	1,233.00	0.00	1,233.00	0.00
911297	Conner & Winters, LLP										
2260347 JWF	07/14/20	07/14/20			06	U	9,539.20	9,539.20	0.00	9,539.20	0.00
2259482 JWF	06/19/20	06/19/20			06	U	359.50	359.50	0.00	359.50	0.00
2256113 JWF	04/13/20	04/13/20			06	U	25,760.28	25,760.28	0.00	25,760.28	0.00
2254627 JWF	03/05/20	03/05/20			06	U	31,106.20	31,106.20	0.00	31,106.20	0.00
Vendor Total:							66,765.18	66,765.18	0.00	66,765.18	0.00
911315	MycroMed LLC										
318	10/12/20	11/11/20			06	U	3,750.00	3,750.00	0.00	3,750.00	0.00
Vendor Total:							3,750.00	3,750.00	0.00	3,750.00	0.00
911392	AT&T #405-247-2845										
10204052472845	10/19/20	10/19/20			06	U	284.30	284.30	0.00	284.30	0.00
Vendor Total:							284.30	284.30	0.00	284.30	0.00
911420	Sysmex America, Inc.										
93428101	10/11/20	11/10/20			06	U	1,210.95	1,210.95	0.00	1,210.95	0.00
Vendor Total:							1,210.95	1,210.95	0.00	1,210.95	0.00
911421	Staples										
3458606764	10/05/20	11/04/20			06	U	45.99	45.99	0.00	45.99	0.00
3458606765	10/05/20	11/04/20			06	U	283.92	283.92	0.00	283.92	0.00
3458606766	10/05/20	11/04/20			06	U	13.78	13.78	0.00	13.78	0.00
3459072599	10/12/20	11/11/20			06	U	5.88	5.88	0.00	5.88	0.00
3459072604	10/12/20	11/11/20			06	U	208.76	208.76	0.00	208.76	0.00
3459072607	10/12/20	11/11/20			06	U	158.76	158.76	0.00	158.76	0.00
Vendor Total:							717.09	717.09	0.00	717.09	0.00
911437	Instrumentation Laboratory										
9110886678	10/13/20	11/12/20			06	U	397.50	397.50	0.00	397.50	0.00
Vendor Total:							397.50	397.50	0.00	397.50	0.00
911438	Sacrix LLC										
SXIN20/0020	09/15/20	10/15/20			06	U	9,000.00	9,000.00	0.00	9,000.00	0.00
SXIN20/0030	10/13/20	11/12/20			06	U	9,000.00	9,000.00	0.00	9,000.00	0.00
Vendor Total:							18,000.00	18,000.00	0.00	18,000.00	0.00
Grand Totals:							117,701,118.99	117,572,811.08	0.00	117,572,811.08	0.00

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Balance Due Report

Application Code: AP User Login Name: jkohout

Invoice Number	Invoice Date	Due Date	Discount Date	Location Code	Bank Code	Check Type	Original Amount	Current Balance	Discount Amount	Cash Required	Amount to be Paid
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Total Number of Invoices Printed: 806

Vendor: From 110001 to 911438

Location: From to

Due Date: From 10/26/08 to 12/01/20

Central Billing: No Central Billing Vendors

Include Invoice
Description: No

Report Order: Vendor Number Order

Fill in this information to identify the case:

Debtor name RHA Anadarko, Inc.

United States Bankruptcy Court for the: Western District of Oklahoma
(State)

Case number (If known): 20-13482-SH Chapter

☐ Check if this is an amended filing

Official Form 206G**Schedule G: Executory Contracts and Unexpired Leases****12/15**

Be as complete and accurate as possible. If more space is needed, copy and attach the additional page, numbering the entries consecutively.

1. Does the debtor have any executory contracts or unexpired leases?

- ☐ No. Check this box and file this form with the court with the debtor's other schedules. There is nothing else to report on this form.
- ☒ Yes. Fill in all of the information below even if the contracts or leases are listed on *Schedule A/B: Assets - Real and Personal Property* (Official Form 206A/B).

2. List all contracts and unexpired leases**State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**

2.1	State what the contract or lease is for and the nature of the debtor's interest	Property Lease for hospital	First Physicians Realty Group, LLC
	State the term remaining	9 years, 6 months	CHRISTENSEN LAW GROUP PLLC
	List the contract number of any government contract		3401 NW 63RD STREET SUITE 600
			OKLAHOMA CITY OK 73116
2.2	State what the contract or lease is for and the nature of the debtor's interest	Management Services Agreement	First Physicians Business Solutions, LLC
	State the term remaining	2 years	CHRISTENSEN LAW GROUP PLLC
	List the contract number of any government contract		3401 NW 63RD STREET SUITE 600
			OKLAHOMA CITY OK 73116
2.3	State what the contract or lease is for and the nature of the debtor's interest	Staff Leasing Agreement	First Physicians Resources, LLC
	State the term remaining	4 months	CHRISTENSEN LAW GROUP PLLC
	List the contract number of any government contract		3401 NW 63RD STREET SUITE 600
			OKLAHOMA CITY OK 73116
2.4	State what the contract or lease is for and the nature of the debtor's interest	Ancillary Services Agreement	First Physician Services, LLC
	State the term remaining	2 years	CHRISTENSEN LAW GROUP PLLC
	List the contract number of any government contract		3401 NW 63RD STREET SUITE 600
			OKLAHOMA CITY OK 73116
2.5	State what the contract or lease is for and the nature of the debtor's interest	Purchase Agreement	Rural Hospital Acquisition, LLC
	State the term remaining	4 months	CHRISTENSEN LAW GROUP PLLC
	List the contract number of any government contract		3401 NW 63RD STREET SUITE 600
			OKLAHOMA CITY OK 73116

Debtor _____ Case number (if known) _____
 Name

Additional Page if Debtor Has More Executory Contracts or Unexpired Leases

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page.

List all contracts and unexpired leases

State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease

2._	State what the contract or lease is for and the nature of the debtor's interest	_____	_____
	State the term remaining	_____	_____
	List the contract number of any government contract	_____	_____
2._	State what the contract or lease is for and the nature of the debtor's interest	_____	_____
	State the term remaining	_____	_____
	List the contract number of any government contract	_____	_____
2._	State what the contract or lease is for and the nature of the debtor's interest	_____	_____
	State the term remaining	_____	_____
	List the contract number of any government contract	_____	_____
2._	State what the contract or lease is for and the nature of the debtor's interest	_____	_____
	State the term remaining	_____	_____
	List the contract number of any government contract	_____	_____
2._	State what the contract or lease is for and the nature of the debtor's interest	_____	_____
	State the term remaining	_____	_____
	List the contract number of any government contract	_____	_____
2._	State what the contract or lease is for and the nature of the debtor's interest	_____	_____
	State the term remaining	_____	_____
	List the contract number of any government contract	_____	_____
2._	State what the contract or lease is for and the nature of the debtor's interest	_____	_____
	State the term remaining	_____	_____
	List the contract number of any government contract	_____	_____

All of the Schedules and SOFA are subject to and qualified by the Global Notes. In the event that the Schedules and SOFA differ from the Global Notes, ***the Global Notes shall control.***

IN THE UNITED STATES BANKRUPTCY COURT FOR THE
WESTERN DISTRICT OF OKLAHOMA

In re:)	Case No.: 20-13482-SAH
)	Chapter 11
RHA Stroud, Inc., ¹)	
Debtor.)	[Jointly Administered]
)	

**GLOBAL NOTES, RESERVATION OF RIGHTS, AND
STATEMENT OF LIMITATIONS, METHODOLOGY, AND
DISCLAIMER REGARDING DEBTOR'S SCHEDULES AND SOFA**

RHA Stroud, Inc., d/b/a Stroud Regional Medical Center (“Stroud Hospital”) and RHA Anadarko, Inc. d/b/a The Physicians’ Hospital in Anadarko (“Anadarko Hospital”) (each a “Debtor,” and collectively, the “Debtors” or “Hospitals”) are contemporaneously filing these Global Notes (as defined below) as an integral part of the Debtors’ Schedules of Assets and Liabilities (the “Schedules”) and Statements of Financial Affairs (the “SOFA”) filed in the Bankruptcy Court for the Western District of Oklahoma (the “Bankruptcy Court”).

The Debtors, with the assistance of their professionals, prepared the Schedules and SOFA pursuant to Section 521 of Title 11 of the United States Code, as amended (Title 11 to be referenced as the “Bankruptcy Code”), and Rule 1007 of the Federal Rules of Bankruptcy Procedure (the rules in their entirety to be referred to as “Bankruptcy Rules”). These *Global Notes, Reservation of Rights, and Statement of Limitations, Methodology, and Disclaimer Regarding Debtors’ Schedules and SOFA* (these “Global Notes”) pertain to, are incorporated by reference into, and comprise an integral part of, each of the Schedules and SOFA, and should be reviewed in connection with any review of the Schedules and SOFA, including any amendments to the Schedules and SOFA.

The Debtors and their professionals relied on financial data derived from books and records that were available at the time of preparation of the Schedules and SOFA. The Hospitals are parties to contracts with a staffing company (First Physician Resources, LLC), a management company (First Physicians Business Solutions LLC), and an ancillary services provider (First Physician Services, LLC) (collectively “First Physicians”). First Physicians, by virtue of their interrelated and expansive agreements described herein, control a vast majority of the information pertaining to the Debtors’ assets, liabilities, and financial condition of the Hospitals, as well as a world of information pertaining to the Hospitals’ day to day operations. Indeed, First Physicians is

¹ The Debtors in these cases, along with the last four digits of their federal tax identification number is: RHA Stroud, Inc. (2635) and RHA Anadarko, Inc. (2528). The principal place of business for the Debtors is 2308 Highway 66 West, Stroud, OK 74079 and 1002 East Central Blvd. Anadarko, OK 73005.

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contractually obligated to maintain such books and records. The Debtors have on multiple occasions requested documents *inter alia* documents to compile the Schedules and Statement of Financial Affairs. On Friday, November 20, 2020 at 5:16PM (CT) First Physicians made a production of some of the documents the Debtors have been requesting of First Physicians. Based on receipt of the documents with no business days prior to the deadline to file Schedules and Statement of financial Affairs, the Debtors and their professionals have done their best to complete the Schedules and Statement of Financial Affairs with the records they have been supplied to date.

Due to the timing of First Physicians' production of some of the documents requested by the Debtors and their professionals, the Debtors and their professionals do not guarantee or warrant the accuracy or completeness of the data that is provided in the Schedules and SOFA and shall not be liable for any loss or injury arising out of or caused in whole or in part by any acts or omissions in procuring, compiling, collecting, interpreting, reporting, communicating, or delivering the information contained herein or in the Schedules and SOFA. Except as expressly required by the Bankruptcy Code, the Debtors and their professionals do not undertake any obligation to update, modify, revise, or re-categorize the information provided herein or in the Schedules and SOFA or to notify any third party should the information be updated, modified, revised, or re-categorized. The Debtors and their professionals disclaim any liability to any third party arising out of or related to the information contained in the Schedules and SOFA and reserve all rights with respect thereto.

The Schedules and SOFA have been signed by the President and Chief Executive Officer of the Debtors. In reviewing and signing the Schedules and SOFA, the Debtors relied upon the efforts, statements, and representations contained in the books and records, investigation of which is incomplete and in progress. The Debtors have not (and could not have) personally verified the accuracy of each such statement and representation, including, for example, statements and representations concerning amounts owed to creditors and their addresses.

Global Notes and Overview of Methodology

1. **Reservation of Rights**. Reasonable efforts have been made to prepare and file complete and accurate Schedules and SOFA. Nevertheless, inadvertent errors or omissions may exist and conflicting, revised, or subsequent information may be discovered. The Debtors reserve all rights to (i) amend or supplement the Schedules and SOFA from time to time, in all respects, as may be necessary or appropriate, including, without limitation, the right to amend the Schedules and SOFA with respect to claim ("Claim") description, designation, or the entity against which the Claim is asserted; (ii) dispute or otherwise assert offsets or defenses to any Claim reflected in the Schedules and SOFA as to amount, liability, priority, status, or classification; (iii) subsequently designate any Claim as "disputed," "contingent," or "unliquidated;" or (iv) object to the extent, validity, enforceability, priority, or avoidability of any Claim. Any failure to designate a Claim in the Schedules as "disputed," "contingent," or "unliquidated" does not constitute an admission by the Debtors that such Claim or amount is not "disputed," "contingent," or "unliquidated." Listing a Claim does not constitute an admission of liability by the Debtor against which the Claim is listed. Furthermore, nothing contained in the Schedules and SOFA shall constitute a waiver of rights with respect to the bankruptcy case of RHA Stroud, Inc. or RHA Anadarko, Inc. (the "Bankruptcy Case"), including, without limitation, issues involving Claims, substantive consolidation, defenses, equitable subordination, recharacterization, and/or Causes of Action

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(defined below) arising under the provisions of chapter 5 of the Bankruptcy Code and any other relevant non-bankruptcy laws to recover assets or avoid transfers.

The listing in the Schedules or SOFA (including, without limitation, Schedule A/B and Schedule E/F) by the Debtors of any obligation between the Debtors and a third party is a statement of what appears in the books and records and may not accurately reflect whether such amount would be allowed as a Claim or how such obligations may be classified and/or characterized in a plan of reorganization or by the Bankruptcy Court. The Debtors reserve all rights with respect to such obligations. For example, listing a Claim (i) in Schedule D as “secured,” (ii) in Schedule E as “priority” or (iii) in Schedule F as “unsecured nonpriority,” or listing a contract in Schedule G as “executory” or “unexpired,” does not constitute an admission by the Debtors of the legal rights of the claimant or a waiver of the Debtors’ right to recharacterize or reclassify such Claim or contract.

Any specific reservation of rights contained elsewhere in the Global Notes does not limit in any respect the foregoing general reservation of rights.

2. **Description of the Cases and “as of” Information Date.** Except as otherwise noted in these Global Notes or the Schedules and SOFA, all asset and liability information is valued as of October 25, 2020, the applicable Petition Date. In some instances, the Debtors may have used estimates or pro-rated amounts where actual data as of the aforementioned dates was unavailable. The Debtors and their professionals have made a reasonable effort to allocate liabilities between the pre-and post-petition periods based on the information and research that was conducted in connection with the preparation of the Schedules and SOFA. As additional information becomes available and further research is conducted, the Debtors may modify the allocation of liabilities between the pre- and post-petition periods and amend the Schedules and SOFA accordingly. No independent valuation has been obtained and the Debtors are seeking various valuations of certain items from auctioneers.

3. **Basis of Presentation.** The Schedules and SOFA reflect financial information for the Debtors only and do not purport to represent financial statements prepared in accordance with Generally Accepted Accounting Principles in the United States (“GAAP”), nor are they intended to be fully reconciled with any financial statements otherwise prepared and/or distributed by the Debtors. Additionally, the Schedules and SOFA contain unaudited information that is subject to further review and potential adjustment, and reflect the Debtors’ reasonable efforts to report the assets and liabilities of the Debtors. Moreover, given, among other things, the valuation and nature of certain liabilities, to the extent that the Debtors show more assets than liabilities, this is not a conclusion that the Debtor(s) was solvent at the Petition Date. Likewise, to the extent that the Debtors shows more liabilities than assets, this is not a conclusion that such Debtor(s) was insolvent at the Petition Date or any time prior to the Petition Date.

4. **Currency.** Unless otherwise indicated, all amounts are reflected in U.S. dollars.

5. **Fiscal Year.** The Debtor’s operates on a fiscal year commencing October 1 and ending on September 30.

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6. **Recharacterization.** Notwithstanding the Debtors' reasonable best efforts to properly characterize, classify, categorize or designate certain Claims, assets, executory contracts, unexpired leases and other items reported in the Schedules and SOFA, the Debtors and their professionals may, nevertheless, have inaccurately characterized, classified, categorized, designated, or omitted certain items due to the complexity and size of the Debtors' business. Accordingly, the Debtors reserves all of their rights to recharacterize, reclassify, recategorize, redesignate, add, or delete items reported in the Schedules and SOFA at a later time as is necessary or appropriate as additional information becomes available.

7. **Fair Market Value; Book Value.** It would be prohibitively expensive and unduly burdensome for the Debtors to obtain current market valuations of all of the Debtors' assets. Accordingly, unless otherwise indicated, the Schedules and SOFA reflect net book values for assets as of the date stated in the Global Notes as reflected in the books and records. Amounts ultimately realized may vary from net book value, and such variance may be material. The asset amounts listed do not include material write-downs that may be necessary. Operating cash is presented as book balances as of the Petition Date. Certain other assets, such as intangible assets, are listed as undetermined amounts as of the Petition Date because the book values may materially differ from fair market values. Liabilities pursuant to "Notes" may be presented exclusive of any asserted accrued interest.

8. **Estimates.** To prepare and file the Schedules in accordance with the deadline established in this Bankruptcy Case, the Debtors were required to make certain estimates and assumptions that affected the reported amounts of assets and liabilities as of the applicable Petition Date. The Debtors reserve the right to amend the reported amounts of assets, liabilities, and expenses to reflect changes in those estimates or assumptions.

9. **Totals and Undetermined Amounts.** All totals that are included in the Schedules and SOFA represent totals of known amounts only and do not include any contingent, unliquidated, disputed, or otherwise undetermined amounts. To the extent there are unknown, disputed, contingent, unliquidated, or otherwise undetermined amounts, the actual total may be materially different than the listed total. The description of an amount as "unknown," "disputed," "contingent," "unliquidated," or "undetermined" is not intended to reflect upon the materiality of such amount. Due to unliquidated, contingent and/or disputed Claims, summary statistics in the Schedules, SOFA and Global Notes may significantly understate the Debtors' liabilities.

10. **Excluded Assets and Liabilities.** The Debtors and their professionals have sought to allocate liabilities between the pre – and postpetition periods based on the information and research conducted in connection with the preparation of the Schedules and SOFA. As additional information becomes available and further research is conducted, the allocation of liabilities between the pre-and postpetition periods may change.

Certain liabilities (including but not limited to certain reserves, deferred charges, and future contractual obligations) have not been included in the Debtors' Schedules. Other immaterial assets and liabilities may also have been excluded.

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The estimate of Claims set forth in the Schedules may not reflect assertions by the Debtors' creditors of a right to have such Claims paid or reclassified under the Bankruptcy Code or orders of the Bankruptcy Court.

11. **Property and Equipment.** Nothing in the Schedules or SOFA (including, without limitation the failure to list leased property or equipment as owned property or equipment) is, or shall be construed as, an admission as to the determination of legal status of any lease (including whether any lease is a true lease or financing arrangement).

12. **Guaranties and Other Secondary Liability Claims.** The Debtors and their professionals have made reasonable efforts to locate and identify guaranties and other secondary liability Claims (collectively, the "Guaranties") with respect to each of the executory contracts, unexpired leases, secured financings, debt instruments, and other such agreements. Where Guaranties have been identified, they have been included in the relevant Schedule. It is possible that certain Guaranties embedded in the Debtors' executory contracts, unexpired leases, secured financings, debt instruments and other such agreements may have been inadvertently omitted. The Debtors reserves the right to amend the Schedules to the extent additional Guaranties are identified or such Guaranties are discovered to have expired or be unenforceable. In addition, the Debtors reserves the right (i) to amend the Schedules and SOFA and to recharacterize or reclassify any such contract or Claim, and (ii) to contest the validity or enforceability of any such Guaranties. Additionally, failure to list any Guaranties in the Schedules and SOFA, including in any future amendments to the Schedules and SOFA, shall not affect the enforceability of any Guaranties not listed.

13. **Insiders.** For purposes of the Schedules and SOFA, the Debtors define "insider" pursuant to section 101(31) of the Bankruptcy Code as (a) directors, (b) officers, (c) relatives of directors or officers of a Debtor, (d) any managing agent or managing member of a Debtor and (e) entities that may be under common ownership with a Debtor. Payments to insiders listed in (a) through (e) above are set forth on SOFA Item 3.c. Persons listed as "insiders" have been included for informational purposes only. The Debtors did not take any position with respect to whether such individual could successfully argue that he or she is not an "insider" under applicable law, including without limitation, the federal securities laws, or with respect to any theories of liability or for any other purpose.

14. **Intellectual Property Rights.** The exclusion of any intellectual property shall not be construed as an admission that such intellectual property rights have been abandoned, terminated, assigned, expired by their terms, or otherwise transferred pursuant to a sale, acquisition, or other transaction.

15. **Executory Contracts and Unexpired Leases.** Although the Debtors and their professionals made diligent attempts to attribute executory contracts and unexpired leases in the Schedules, they may have inadvertently failed to identify every contract or unexpired lease due to the complexity and size of the Debtors' businesses and failure to receive all documents from First Physicians.

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Moreover, the Debtors and their professionals may have not necessarily set forth executory contracts and unexpired leases as assets in the Schedules and SOFA, even though these contracts and leases may have some value to the Debtors' estates. The Debtors' executory contracts and unexpired leases have been set forth in Schedule G. The Debtors' rejection of executory contracts and unexpired leases may result in the assertion of rejection damage Claims. The Schedules and SOFA do not reflect any Claims for rejection damages. The Debtors reserve the right to make any arguments and objections with respect to the assertion of any such Claims.

16. **Causes of Action**. Despite their reasonable efforts to identify all known assets, the Debtors and their professionals may not have listed all of the Causes of Action or potential Causes of Action against third parties as assets in the Schedules and SOFA, including, without limitation, Causes of Action arising under the provisions of chapter 5 of the Bankruptcy Code and any other relevant non-bankruptcy laws to recover assets or avoid transfers.

The Debtors reserve all of their rights with respect to any cause of action (including avoidance actions), controversy, right of setoff, cross-Claim, counter-Claim, or recoupment and any Claim on contracts or for breaches of duties imposed by law or in equity, demand, right, action, lien, indemnity, guaranty, suit, obligation, liability, damage, judgment, account, defense, power, privilege, license, and franchise of any kind or character whatsoever, known, unknown, fixed or contingent, matured or unmatured, suspected or unsuspected, liquidated or unliquidated, disputed or undisputed, secured or unsecured, assertable directly or derivatively, whether arising before, on, or after the Petition Date, in contract or in tort, in law, or in equity, or pursuant to any other theory of law (collectively, "**Causes of Action**") they may have, and neither these Global Notes nor the Schedules and SOFA shall be deemed a waiver of any Claims or Causes of Action or in any way prejudice or impair the assertion of such Claims or Causes of Action.

17. **Setoffs**. The Debtors incurred certain offsets and other similar rights during the ordinary course of business. Offsets in the ordinary course can result from various items, including, without limitation, intercompany transactions, debit memos, credits, and other disputes between the Debtors and their suppliers and/or customers. These offsets and other similar rights are consistent with the ordinary course of business in the Debtors' industry and are not tracked separately. Therefore, although such offsets and other similar rights may have been accounted for when certain amounts were included in the Schedules, offsets are not independently accounted for, and as such, are or may be excluded from the Schedules and SOFA.

The claims of individual creditors for, among other things, services or taxes are listed as the amounts entered in the books and records and may not reflect credits, allowances or other adjustments due from such creditors to the Debtors. The Debtors reserve all of their rights regarding such credits, allowances or other adjustments.

SPECIFIC DISCLOSURES WITH RESPECT TO THE SCHEDULES

Schedule A/B - Real and Personal Property

Despite commercially reasonable efforts to identify all known assets, the Debtors may not have listed all of the Debtors' Causes of Action or potential Causes of Action against third parties

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as assets in the Schedules and SOFA, including, but not limited to, Causes of Action arising under the Bankruptcy Code or any other applicable laws to recover assets or avoid transfers.

Security deposits held by real property lessor and utility companies to the extent known have been included on the Debtor's Schedule A/B. Separately, some of the Debtors' personal property is held and maintained at third-party locations.

The Debtors are working on obtaining values of certain assets of the Debtors.

Item 7 & 8 – Deposits and Prepayments

The Debtors' characterization of an asset listed in these Items is not a legal characterization of either a deposit or a prepayment. The Debtors reserve all of their rights to re-categorize and/or recharacterize such asset holdings at a later time as appropriate. Additionally, the amounts set forth on these Items do not include amounts held as retainers by professionals.

Item 75 - Other Contingent and Unliquidated Claims or Causes of Action of Every Nature, Including Counterclaims of the Debtor, Rights to Setoff Claims and Intercompany Claims

The Debtors' failure to list any contingent and/or unliquidated claim held by the Debtors in response to this question shall not constitute a waiver, release, relinquishment, or forfeiture of such claim. In the ordinary course of their business, the Debtors may have accrued, or may subsequently accrue, certain rights to counter-claims, setoffs, refunds, or other warranty claims. Additionally, the Debtors may be party to pending litigation in which the Debtors has asserted, or the Debtors may assert, claims as a plaintiff or counter-claims as a defendant. Because such claims are unknown to the Debtors and their professionals and not quantifiable as of the Petition Date, they are not listed in Item 75. Finally, because of Debtors still waiting on production of documents from First Physicians, the Debtors may or may not have claims against related entities in unknown amounts, and therefore, the Debtors has designated those potential claims as "unspecified claims against related parties".

Schedule D - Creditors Holding Secured Claims

The Claims listed on Schedule D arose or were incurred on various dates. A determination of the date upon which each Claim arose or was incurred would be unduly burdensome and cost prohibitive at this point. Accordingly, not all such dates are included. All Claims listed on Schedule D, however, appear to have been incurred before the Petition Date. Except as otherwise agreed pursuant an order of the Bankruptcy Court, the Debtors reserve the right to dispute or challenge the validity, perfection or priority of any lien purported to be granted or perfected in any specific asset to a creditor listed on Schedule D. The descriptions provided on Schedule D are intended only as a summary. Reference to the applicable loan agreements and related documents is necessary for a complete description of the collateral and the nature, extent and priority of any liens. Nothing in Schedule D shall be deemed a modification, interpretation, or waiver of the terms of any such agreements.

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The Debtors may have not included on Schedule D all parties that may believe their Claims are secured through setoff rights, deposits posted by, or on behalf of, the Debtor, inchoate statutory lien rights, or real property lessors, utility companies and other parties that may hold security deposits.

By listing a party on Schedule D based on a UCC-1 filing, the Debtors is not conceding that such party actually holds a perfected, unavoidable security interest in the asset that is the subject of such filing, and reserves all rights as set forth in these Global Notes.

The value amounts listed the Debtors' reserve all rights to amend, dispute or challenge.

Schedule E/F - Creditors Holding Unsecured Priority and/or Unsecured Non-Priority Claims

The listing of any Claim on Schedule E/F does not constitute an admission by the Debtors that such Claim is entitled to priority treatment under section 507 of the Bankruptcy Code. The Debtors reserves their right to dispute the priority status of any Claim on any basis.

The unsecured non-priority Claims of individual creditors for, among other things, products, or services are listed as either the lower of the amounts invoiced by the creditor or the amounts reflected in the books and records and may not reflect credits or allowances due from such creditors to the Debtor. The Claims listed on Schedule E/F arose or were incurred on various dates. In certain instances, the date on which a Claim arose may be subject to dispute. While commercially reasonable efforts have been made, determining the date upon which each Claim in Schedule E/F was incurred or arose would be unduly burdensome and cost prohibitive and, therefore, the Debtors does not list respective dates for the Claims listed on Schedule E/F.

Schedule E/F includes the prepetition amounts owing to counterparties to executory contracts and unexpired leases. Such prepetition amounts, however, may be paid in connection with the assumption, or assumption and assignment, of executory contracts or unexpired leases. Additionally, Schedule E/F does not include potential rejection damage Claims, if any, of the counterparties to executory contracts and unexpired leases that may be rejected.

To the extent the Debtors has listed any alleged holders of "Notes" as holders of "undisputed" general unsecured Claims, except in the instance where the Debtors believes that a particular holder of Notes may have a contingent, unliquidated and/or disputed Claim based on facts specific to that holder, the Debtors reserves all rights to recharacterize, reclassify, recategorize, redesignate, add or delete Claims in respect of "Notes" reported in the Schedules and SOFA at a later time as is necessary or appropriate as additional information becomes available. Scheduled amounts for Notes do not include accrued but unpaid interest.

The listing of any Claim on Schedules is not an admission by the Debtors that Debtors owe that amount.

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Schedule G - Unexpired Leases and Executory Contracts

Although commercially reasonable efforts have been made to ensure the accuracy of Schedule G regarding executory contracts and unexpired leases, inadvertent errors, omissions or overinclusion may have occurred in preparing Schedule G. In the ordinary course of business, the Debtor entered into various agreements with customers and vendors. The Debtor may have entered into various other types of agreements in the ordinary course of their business, such as indemnity agreements, supplemental agreements, letter agreements, and confidentiality agreements that may not be set forth in Schedule G. Omission of a contract, lease or other agreement from Schedule G does not constitute an admission that such omitted contract, lease or agreement is not an executory contract or unexpired lease. Likewise, the listing of an agreement on Schedule G does not constitute an admission that such agreement is an executory contract or unexpired lease, or that such agreement was in effect or unexpired on the applicable Petition Date or is valid or enforceable. The agreements listed on Schedule G may have expired or may have been modified, amended, or supplemented from time to time by various amendments, restatements, waivers, estoppel certificates, letters and other documents, instruments and agreements that may not be listed on Schedule G. Certain confidentiality and non-disclosure agreements may not be listed on Schedule G.

Any and all rights, Claims and Causes of Action of the Debtors with respect to the agreements listed on Schedule G are hereby reserved and preserved.

Schedule H - Co-Debtors

The Debtors may have co-debtors or co-obligors under various leases, contracts or other agreements. The Debtors has made a reasonable effort to include these co-debtor or co-obligor relationships in Schedule H; however, certain co-debtor and co-obligor relationships may have been inadvertently omitted.

Any omission of a co-debtor or co-obligor in the Schedules does not constitute an admission that such omitted co-debtor or co-obligor is not obligated or liable under the relevant debt. The Debtors' rights under the Bankruptcy Code and non-bankruptcy law with respect to any omitted co-debtor or co-obligor are not impaired by the omission.

SPECIFIC DISCLOSURES WITH RESPECT TO THE SOFA

SOFA Item 3 – 90 Day Payments

SOFA Item 3 includes any disbursement or other transfer made by the Debtors within 90 days before the applicable Petition Date except for those made to insiders (which payments appear in response to SOFA Item 30). All disbursements listed on SOFA Item 3 are made through the Debtors' cash management system.

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SOFA Item 4 – Insider Payments

The Debtors has attempted to include all payments made on or within 12 months before the applicable Petition Date to any individual or entity deemed an “insider.” The listing of a party as an insider is not intended to be nor should be construed as a legal characterization of such party as an insider and does not act as an admission of any fact, Claim, right or defense, and all such rights, Claims, and defenses are hereby expressly reserved.

SOFA Item 6 – Setoffs

Ordinary course setoffs are excluded from the Debtors’ response to SOFA Item 6 except where otherwise noted.

SOFA Item 10 – Losses from Fire, Theft, or Other Casualty

The Debtors may have occasionally incurred losses for a variety of reasons, including theft and property damage. The Debtors, however, may not have records of all such losses to the extent such losses do not have a material impact on the Debtors’ business or are not reported for insurance purposes.

SOFA Item 26(b) – Books, Records and Financial Statements

In the ordinary course of business the Debtors may have provided certain parties, such as financial institutions, debtholders, auditors, consultants, potential investors, vendors, tax preparers and financial advisors financial statements that may not be part of a public filing. The Debtors has not provided a list of these parties in response to this question.

* * * * *